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ABSTRACT

Designed for use by those who work with the disabled, this handbook explains and provides procedures for implementing the Lifelong Career Development (LCD) Model. (Designed for implementation at the community college level, the LCD model provides a competency-based approach to meeting the career development needs of disabled people and provides for a greater effort at networking or linking together services.) Presented first are an overview of the need for such a program and the efforts that went into its final conceptualization, methods, and materials. Following a description of the LCD model and its components, procedures are provided for program administration, needs assessment, program implementation, public relations, and team training. Part 3 contains 11 training modules for use by the LCD coordinator or team to train themselves, disabled persons, and those in various agencies and groups concerned about lifelong career development for the disabled. Included in the modules are instructions, activities, and materials for conducting each session. Following a discussion of LCD program evaluation, discussions are provided of two case studies from the major community college sites. Appended are the major instruments for use in designing and conducting an ICD program. (YMN)

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LIFELONG CAREER DEVELOPMENT HANDBOOK:
LINKING COMMUNITY SERVICES FOR DISABLED ADULTS

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Information about the availability of additional copies of this or its companion document, LIFELONG CAREER DEVELOPMENT FOR INDIVIDUALS WITH DISABILITIES: A RESOURCE GUIDE (1982), can be obtained by writing the project's director, Dr. Donn E. Brolin, 16 Hill Hall University of Missouri-Columbia, Columbia, MO, 65211

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PREFACE

This publication and its companion, LIFELONG CAREER DEVELOPMENT FOR INDIVIDUALS WITH DISABILITIES: A RESOURCE GUIDE, are the result of a three-year research and development project grant from the U. S. Education Department, Special Education Programs. The project was written because of our concern about the lack of a well-coordinated delivery system for many adult persons with disabilities, more specifically, those with severe handicapping types.

It was (and still is) our belief that one organization that is a potential gold mine for services to persons with disabilities is the community college. The very nature of the community college is service to all of its area people who have educational needs. But, although some community colleges have initiated many services to certain individuals with disabilities, the vast majority of these agencies remain relatively unused or unavailable. It is our hope that these two publications will help to open the doors of the community college to more disabled persons and those community groups and advocates concerned about their well-being.

We do not necessarily believe that the community college is the only organization that could provide the Lifelong Career Development (LCD) service contained in this HANDBOOK. It may be that independent living centers (ILC's), vocational-technical schools, rehabilitation facilities, or other such organizations may have the capacity to offer such a service--that should be decided upon on an individual locale basis. Such organizations could certainly adapt the LCD Model and materials to meet such an arrangement.

The HANDBOOK is divided into four parts. Part I presents an overview of the need for such a program and the research and development efforts that went into its final conceptualization, methods and materials. Part II describes the LCD Model and its components, and then outlines implementation, needs assessment, administrative, public relations, and team training procedures. Part III contains a series of 11 training modules that should be used by the LCD Coordinator or Team to train themselves, disabled persons and those in various agencies and groups about various aspects of life-long (or life-centered) career development. The modules provide a step-by-step procedure of instructions, activities and materials for conducting each session. Part IV concludes the HANDBOOK chapters with a presentation on evaluating the LCD Program after it is implemented and an Epilogue consisting of two case studies from the major community college sites. The Appendix contains the major instruments that were or are to be used in designing and conducting an LCD Program.

We also suggest that the serious reader obtain a copy of the LCD RESOURCE GUIDE as it complements the material contained in this HANDBOOK. The RESOURCE GUIDE is a compendium of resource and publication listings on life-long career development, disabilities and other important topics related to carrying out the LCD Team training and program functions.

Finally, we would like to explain a potentially confusing use of terms in the HANDBOOK. It its conception the LCD project and program stood for "Lifelong Career Development." Yet, the principal author and staff members of the project believe in a broad based conception of career development that encapsulates different life tasks. Thus, (in the summer of 1981) the term Life Centered Career Development came into unofficial use as the project and program title. Both these terms are used interchangeably throughout the text, and should be considered as synonyms.

We hope that you find the HANDBOOK useful in the pursuit of your professional goals.

D.E.B.

FOREWORD

The evolution of work preparatory programs for the handicapped from their modest beginning in the years before the 1960's to full fledged Career Education efforts in the 1970's have been responses to well documented needs. Each was a pioneering effort in its times.

The Lifelong Career Development Project for the severely handicapped is such an exploratory venture in the 1980's. Just as there were few guidelines to follow in the preceding programs, it is from trial and error and the crucible of experience that guidelines will emerge from LCD.

A penetration has been made into the uncharted wilderness by this initial effort. What has been discovered is now being shared with those who glimpse the great need and the splendid possibilities from pursuing this work. It is presented not as a blueprint to be followed, but as a record of failures as well as successes that can be studied, learned from, extended and modified as the course becomes clearer and experiences proliferate.

It is but a beginning, but it forecasts a future of service and research fully as promising as the work-study and career-education ventures upon which LCD is built. As those programs did in the past, this venture is a fitting beginning for the era of the '80's in programming for adult handicapped persons.

Oliver P. Kolstoe, Ph.D., Professor
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ACKNOWLEDGEMENTS

Throughout the course of this project we have received the advice and expertise of many dedicated individuals. The two greatest supporters to our efforts were the top level administrators of Brainerd Community College (MN) and Iowa Central Community College (IA)--Dr. Curtis Murton, President and Dr. Carl Larson, Assistant Superintendent for Curriculum and Instruction. Both of these individuals had little experience with or training about persons with disabilities, but they became our staunchest supporters throughout the three years and became substantially personally involved in its activities. They reinforced our belief that administrators and other professionals who have not worked with disabled persons can be committed to their career development if provided with the proper opportunity.

We also are indebted to the individuals who were appointed LCD Coordinators at the Community Colleges, Mrs. Neva Williams (Brainerd) and Mr. Luverne Bierle (Iowa Central). These two people spent considerable time on the day-to-day aspects of the project in carrying out the multitude of needs assessments, team training, public relations, project evaluation, participant service and other important activities. No one outside of our own staff spent as much time on the project as they over the three year period.

Two other community colleges participated for a more limited time--St. Louis Community College at Meramec (MO) and Indian Hills Community College, Ottumwa, IA. We are grateful for the assistance given by Dr. Michael Rooney, Director of Counseling and Ms. Camby Gallagher, LCD Coordinator at Meramec and by Dr. Stephen Poort, Dean of Instruction and Mr. Roy Forgy, LCD Coordinator for Indian Hills.

The project utilized two advisory committees which were very helpful. Our National Advisory Committee consisted of Mr. Miles Beachboard (MO), Mr. Charles Freeman (D.C.), Dr. Robert Huskey (MO), and Ms. Jane Razeghi (D.C.). Our University of Missouri Committee comprised Dr. Gary Fox (Higher and Adult Education), Mr. Gerald Hitzhusen (Recreation and Park Administration), and Dr. Earl Moore (Counseling Psychology). Their input and expertise were very important to the direction of the project.

We are also very grateful to the Federal Office of Special Education Programs, U. S. Department of Education for their funding of this project. Mr. Melville Appell, our project officer, gave us his continued support throughout and for that we are particularly grateful.

Our final appreciation goes to those important secretarial people who helped us put this together. Those persons most responsible for typing both publications are Joyce Price, Susan Winkelman and Virginia Christisen.

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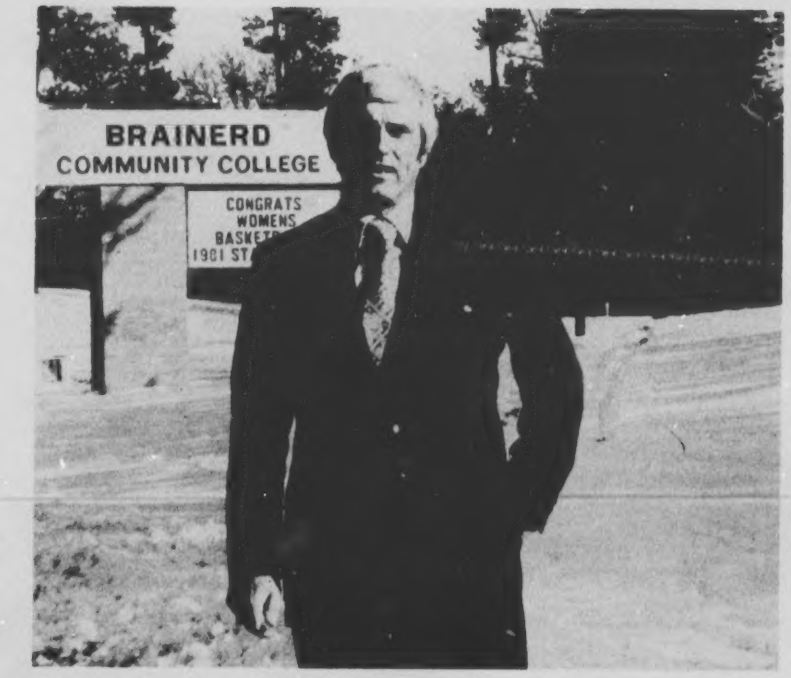
Above: Dr. Carl Larson, Assistant Superintendent for Curriculum & Instruction at Iowa Central Community College, Ft. Dodge.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COMMUNITY COLLEGE
CONGRATS
WOMENS
BASKET
1981 ST

Right: Dr. Curtis Murton, President of Brainerd Community College, Minnesota.

PART I
BACKGROUND INFORMATION

PART 1 CONSISTS OF CHAPTERS 1 AND 2. THIS PART PROVIDES THE READER WITH THE BACKGROUND INFORMATION NECESSARY TO APPROACH THE LCD CONCEPT AND PROGRAM. CHAPTER 1 IS WRITTEN BY THE PROJECT'S CREATOR AND CHIEF AUTHOR. IN THIS CHAPTER HE DELINEATES THE NEED FOR LIFELONG CAREER DEVELOPMENT FOR DISABLED PERSONS. HE DISCUSSES HIS BROAD AND PROGRESSIVE "LIFE-CENTERED" DEFINITION OF CAREER DEVELOPMENT. CHAPTER 2 IS A SUMMARY OF THE RESEARCH PROJECT THAT SPURRED THE DEVELOPMENT OF THE LCD PROGRAM. CURRENT TIMES STRESS THE ACCOUNTABILITY OF INTERVENTION PROGRAMS. THE LCD STAFF IS COGNIZANT OF THIS NEED, AND OFFERS A COMPREHENSIVE OUTCOME STUDY OF OUR WORK.

The purpose of this chapter is to give the reader some basic information about the career development needs of disabled people, introduce a competency-based approach to meeting these needs, suggest a greater effort at networking or linking together services, provide a rationale for the community college as a linkage setting, and to draw attention to another possible source of lifelong career development services, the Independent Living Center.

CAREER DEVELOPMENT NEEDS OF DISABLED PEOPLE

While lifelong career development is important to all members of society, it is crucial to achievement of the total life roles of disabled individuals. Disabled people have special lifelong career[2] development needs because the nature of the disability poses special ongoing considerations and a dearth of learning opportunities exists. Factors contributing to this deficiency include (Bowe, 1978; Burkhead, Domeck & Price, 1979):

- Segregation of disabled people in society
- Architectural barriers
- Attitudinal barriers
- Inadequacy of training and educational programs
- Overprotectiveness of individuals involved with disabled people
- Psychological reactions to environmental stress

These and other factors adversely affect three key areas of career development for disabled adults: daily living, personal-social and occupational skills.

DAILY LIVING SKILLS[3]

The importance of mastering daily living skills has been supported by the results of several studies (Schalock and Harper, 1978, Snell, 1979). In a recent study, Schalock and Harper (1978) evaluated the post-program success of 131 clients, ranging from normal to severely mentally retarded, who completed the Mid-Nebraska Adult Program. This program included instruction in the basics

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[2] The term career is defined to include all productive "work" activities that relate to carrying out one's role as an employee, family member, citizen (e.g., volunteer work), and avocational endeavors that will be of benefit to oneself or others.

CHAPTER 1

THE NEED FOR LIFELONG[1] CAREER DEVELOPMENT

LIFELONG LEARNING AND CAREER DEVELOPMENT

In the 1970's, lifelong learning, "The opportunity to engage in learning throughout the lifespan" (Brochart, 1977, p. iv) was recognized as important for the majority of Americans. In several European countries, such as England, employers must set aside monies for further education of their employees. Support for lifelong learning is based on the premise that both individuals and society change. Individuals proceed through various stages of physiological, emotional, social and intellectual development manifesting different learning needs at each stage. Changes in society are occurring at the fastest pace known to mankind, so fast that it becomes inappropriate to attempt to teach you all they need to know for a lifetime (Flanagan and Schoepke, 1978).

Also, in the last decade, considerable attention was directed to the area of career development, which generally is defined as a series of life stages through which the individual progresses. Within each stage are developmental tasks or skills which must be mastered to achieve adequate career development (Ginsberg, Ginsburg, Axelrad & Herma, 1951; Super, 1957). These tasks include developing positive self-concept; acquiring a sense of control over one's life; and learning about the world of work, alternative life styles, career decision-making, and management of life roles (Hansen & Tennyson, 1975).

Research indicates that people with disabilities often have difficulties due to lack of systematic exposure to necessary learning experiences, particularly in the areas of personal-social and daily living skills (Appell, 1977; Brolin, 1982; Flanagan & Schoepke, 1978; Sprafkin, Gershaw & Goldstein, 1978; Wilkinson, 1975). In many cases, these individuals have not been adequately prepared to function in the full array of life roles.

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[1] During the course of the project, it became evident that the terms "lifelong" and "life-centered" career development were basically synonymous. Hence, the use of "life centered" became more common in our usage as the project progressed. We call this to the attention of the reader in the event that the interchangeable use of the two terms appears confusing.

of self-care, communication, preacademics, and independent living skills. Nearly 100 percent of the clients who were unable to succeed in rented homes or apartments had problems in managing their money, keeping the home clean and preparing meals. From these results, Snell (1979) concludes that the chronological age of 21 should not be regarded as the end of schooling for retarded individuals and that

> skills for success in vocational and independent living domains are distinctly different. Teaching one domain does not preempt the other. Most high school programs ignore or "under-teach" independent living skills to retarded students and it appears to be these skill omissions (budgeting, cooking, and household cleanliness) that later bring problems sufficient to necessitate costly residential dependence upon normal adults. (p. 54)

In many instances, usual ways of learning daily living skills are not available to persons with severe disabilities because of the nature of their disability. For example, blind individuals would not have the same opportunities as their sighted peers to learn daily skills such as food preparation by watching their parents perform these activities. Since the learning that occurs through this form of modeling is not as readily available to blind people, specific instruction in these skills is likely to be of particular importance for them. In addition, many parents or family members do not encourage their relatives to participate in household or personal care activities so that skills can be acquired. They may believe that it is easier to do these activities for the disabled member of the family than to help them learn the skills, or they may fail to recognize their potential to learn such skills.

The following account poignantly illustrates the discrepancy that can exist between some areas of adjustment and daily living skills:

> A severely disabled woman had maintained successful administrative employment for some fifteen years. However, having lived at home and received care from her parents for more than thirty years, she failed to develop daily living and personal-social skills. When both parents suddenly became debilitated and could no longer care for her needs she was unable to care for herself adequately. She had never learned to bathe, dress herself, cook, shop, or perform

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[3] Exerpt from The severely handicapped person: Approaches to career development by Burkhead, E.J., Domeck, A.W., and Price, M.A. Columbia, Missouri: University of Missouri-Columbia, 1979.

any household chores. In addition, her parents had not encouraged her to make friends because they felt they could fill the roles of friends and companions. She had been adequately prepared to function in the life roles as learner and worker as evidenced by completing a graduate degree and earning more than $20,000 per year, yet she never developed the self-management coping skills needed to make a total life adjustment. These skills had to be learned painfully at an age when most adults are relatively comfortable in an independent living situation.

PERSONAL-SOCIAL SKILLS[4]

Case studies and research findings also indicate the need for training in personal-social skills to enable disabled individuals to function independently in the community. In the follow-up study of Mid-Nebraska Adult Program participants, Schalock and Harper (1978) found that inappropriate social behavior was a major factor in disabled individuals' failure to "make it" in the community. Appell (1977) strongly advocates personal and social skills training for disabled individuals in vocational preparation programs. "Vocational failure is not predicated on lack of vocational skills as much as the inability to acquire and use social interaction skills." (p. 77) The importance of learning socially appropriate behavior is also illustrated in Lotte Moise's (1975) account of the experiences she encountered in raising her mentally retarded child. In the booklet, "Will The Real Advocate for Retarded Persons Please Stand Up," Moise stresses the importance of expecting appropriate and responsible behavior from a child who is mentally retarded just as one would expect from any child. She clearly advocates allowing a retarded individual to take the necessary risks that are inevitable in learning appropriate and responsible behavior. About her daughter, she states: "Of course, we worry that someone might hurt her feelings, cheat her when she shops, or take advantage of her trusting affection, but we also recognize that we cannot let our worry become her straightjacket, that we must not cheat her of her right to failure, as integral a component of growth as is success." (p. 30)

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[4] Exerpt from *The severely handicapped person: Approaches to career development* by Burkhead, E.J., Domeck, A.W., and Price, M.A. Columbia, Missouri: University of Missouri-Columbia, 1979

In a paper presented to the 98th Annual Meeting of the American Association on Mental Deficiency, Perske (1974) describes the importance of helping retarded individuals learn the intricate array of interrelationships that are involved in appropriate social behavior. Perske cites the following cases which exemplify the need to deal with specific details of social situations in helping retarded citizens learn interdependent functioning.

> A young man from an institution accepted a working contract as a pot washer in a cafeteria. He learned his working routine and carried it out well. But there were some hidden parts of the interdependency that he didn't understand. He wanted the waitresses to like him, so he put his hands on their shoulders. The result was the opposite. The boss was getting angry when he heard about it. Finally, a helping person in the form of one of the waitresses took him aside and very carefully explained what it did to the waitresses when he "put his hands on the cloth." This helping person further helped him to see he didn't need to talk so loudly in order to get attention now that he was out of the institution. This waitress continued to clarify the many quid pro quo actions that he needed to understand if healthy interdependent relations as a team member in this cafeteria would be fulfilled. Three years have passed. And this young man has increased his skill of interacting with others. (p. 6)

> John liked little children. Now, at the age of 24 he stopped to visit with little children all up and down the street. In a sense, this was understandable since he had worked for ten years as a resident helper on an infant ward, changing diapers and feeding small retarded children. It was hard for him to understand that parents didn't take kindly to having a strange man stop to show kindnesses to their children. It was John's citizen advocate who had to explain why it wasn't accepted and to explain why he should be careful where he placed his hands. Every tiny aspect of an adult strange man's relationship with children on the street had to be clarified. (p. 7)

A COMPETENCY-BASED APPROACH TO LIFE SKILLS

As mentioned previously, identification of necessary life skills is a step toward improving the career development outlook for disabled adults. Delineation of life skills creates a focal point for disabled individuals and professionals. With this approach, disabled individuals can learn more about the requirements of independent living and professionals can see that adequate services are provided in all identified areas.

Such a delineation of necessary skills, called the 22 Life-Centered Competencies, was identified and field tested by Donn Brolin (1978) and his associates over a ten-year period. As shown in Table 1, page 9, the model is organized into three domains: Daily Living, Personal-Social and Occupational Guidance and Preparation. Within each domain are individual competencies the learner must master to achieve levels of adequate functioning. Individual competencies include skills such as caring for personal needs, utilizing recreation and leisure time, getting around the community (mobility), achieving self-awareness, achieving good interpersonal skills, knowing and exploring occupational possibilites, and obtaining a specific occupational skill. Provision of systematic learning experiences relative to these competencies ensures that people with disabilities have the opportunity to accomplish developmental tasks vital to adequate career development. Detailed descriptions of the 22 competencies and their subcompetencies are presented in Chapter 3 and in other publications (Brolin, 1978; Brolin & Kokaska, 1979).

LINKING COMMUNITY SERVICES

Comprehensive programming and cooperation among human services have been promulgated for decades. Recent federal legislation (P.L. 93-112, P.L. 93-203, P.L. 94-492, P.L. 94-482, P.L. 95-602) mandate development of a locally coordinated service delivery system to meet needs of disabled people over the life span. Each state is required to develop a plan to promote cooperation and minimize duplication of services. However, in most instances the coordination of lifelong support services is easier to articulate than practice. Lack of interagency cooperation continues to be one of the most serious problems disabled people face in meeting their career development needs. At the annual meeting of the President's Committee on Employment of the Handicapped (1979), these major barriers were identified:

- Turfmanship
- Overlapping services
- Lack of knowledge about implementation of interagency cooperation
- Differing agency regulations
- Lack of cooperation among advocacy and disabled consumer organizations

Table 1

Career Development Competencies

Daily Living Skills

1. Managing Family Finances
2. Selecting, Managing and Maintaining a Home
3. Caring for Personal Needs
4. Raising Children, Enriching Family Living
5. Buying and Preparing Food
6. Buying and Caring for Clothing
7. Engaging in Civic Activities
8. Utilizing Recreation and Leisure
9. Getting Around the Community (Mobility)

Personal-Social Skills

10. Achieving Self Awareness
11. Acquiring Self Confidence
12. Achieving Socially Responsible Behavior
13. Maintaining Good Interpersonal Skills
14. Achieving Independence
15. Achieving Problem Solving Skills
16. Communicating Adequately with Others

Occupational Skills

17. Knowing and Exploring Occupational Possibilities
18. Selecting and Planning Occupational Choices
19. Exhibiting Appropriate Work Habits and Behaviors
20. Exhibiting Sufficient Physical-Manual Skills
21. Obtaining a Specific Occupational Skill
22. Seeking, Securing, and Maintaining Employment

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[1] Brolin, D.E. (Ed.). *Life centered career education: A competency based approach*. Reston, Virginia: Council for Exceptional Children, 1978.

If interagency cooperation is really to happen, program administrators and developers must be committed to this endeavor and establish effective interagency teams and policies (Brolin, 1982).

"In these times characterized by limited funds and resources and calls for accountability" (Ferrini, Matthews, Foster & Workman, 1980, p. 3), linkage of services benefits service providers as well as recipients. As Ferrini et al. point out, the question "How do we maintain current services and develop new ones without increasing expenditures" is crucial for any organization, especially those service disabled individuals and other special needs groups. "Collaboration with other organizations may offer a means of improving and/or expanding services without multiplying costs" (Ferrini et al, 1980, p. 3).

The LCD Program described in this HANDBOOK provides a model and method by which interagency cooperation can be realized to the benefit of disabled adults. It conveys an approach to mobilize the commitment, resources, and expertise of local professionals and citizens to meet this challenge.

COMMUNITY COLLEGE INVOLVEMENT

The community college is ideal for involvement in the linkage and provision of lifelong career development services for disabled adults. The community college is especially appropriate for these reasons:

- This involvement is in keeping with the college's goal of community outreach and service.
- The community college is visible to citizens and professionals in the area.
- The community college commands a positive image in the community and represents a normalized setting.
- The college is within commuting distance of most citizens and accommodates a variety of student schedules--part-time, full-time, day and evening.
- The facilities of many community colleges are relatively new and pose fewer architectural barriers than older institutions.
- Community college compliance with Section 504 of the Rehabilitation Act of 1973 can be facilitated by this involvement.

A structured method for community college participation in services for disabled citizens is introduced in the next chapters.

INDEPENDENT LIVING MOVEMENT

Although the LCD Project selected the community college as its target setting, a recent development by disabled people themselves presents another option for the approach described in the HANDBOOK. The Rehabilitation Comprehensive Services, and Developmental Disabilities Amendment of 1978 (P.L. 95-602) authorized independent living (IL) services even for individuals for whom vocational rehabilitation is not a goal.

Independent living (IL) refers to "having control over one's life, based on the choice of acceptable options that minimize reliance on others in making decisions and in performing every day activities" (Frieden, Richards, Cole and Bailey, 1979).

Unlike the "rehabilitation paradigm" that assumes the problem lies within the individual and focuses on treating the patient or client, the IL paradigm views the problem as residing in the person's environment. Dependency inducing aspects of the helper-helpee relationship is seen as part of the problem, not the solution (DeJong, 1978).

Independent Living Centers, controlled or influenced by disabled consumers, seek to identify and coordinate existing services and provide services when they are not available. Needed services include:

- Attendant care
- Housing
- Information and referral about goods and services
- Transportation
- Peer counseling
- Advocacy
- Independent living skills training
- Equipment maintenance and repair
- Social and recreational services

Advances in the IL movement have coincided with development of other complementary social movements such as civil rights, consumerism, self-help, demedicalization, deinstitutionalization and mainstreaming (DeJong, 1978). However, inadequacy of IL training continues to be a concern of consumers and service providers in that needs are still unmet for a great number of disabled citizens. IL training was one of the major needs identified in a survey of national leaders asked about needed programs for disabled people in the 1980's (Disabled USA, 1980).

CONCLUSION

Individuals with disabilities represent a large segment of American society. Although the exact number is not known, an estimated 35 million people are disabled, 28 million of them adults. Yet they encounter second class citizenship and, despite recent legislative mandates, the majority continue to be unemployed or grossly underemployed as adults. Much remains to be done to guarantee legal rights and full community participation of disabled people in this country.

Development of successful, integrative approach to career development will require the effective use of school resources, community participation, family involvement and increased public awareness. Schools can systematically provide experiences especially geared to teach the life-centered competencies to individuals with various disabilities. It is essential that colleges and university training programs adequately prepare teachers and school personnel to implement career development programs from preschool through post-secondary. Schools can also become involved in the development and validation of much needed measures for assessment or career development.

Adult, community and continuing education programs are unique settings in which to provide educational and personal enrichment opportunities for disabled adults. Also, non-residential independent living centers in the community can be a valuable source of "hands on" training experiences as well as jobs for disabled persons. Organizations, agencies and individuals in the community are also valuable resources.

Family members--whether parents, siblings or spouses--can have significant impact on the career development of handicapped relatives. By encouraging independence and providing learning opportunities to their disabled relative, family members can reinforce school and agency personnels' efforts to improve the disabled person's life skills.

In the next chapter, the research and development aspects that went into the creation of the LCD Model are explicated.

REFERENCES

Appell, M. Some policies and practices in the federal sector concerning career education for the handicapped. *Journal of Career Education*, 1977, *3*(3), 75-91

Bowe, F. *Handicapping America: Barriers to disabled people*. New York: Harper and Rowe, 1978.

Brochart, J. R. *Lifelong learning in the nation's third century* (HEW Publication No. OE 76-09102). Washington, D.C.: U.S. Government Printing Office, 1977.

Brolin, D.E. (Ed.) *Life centered career education: A competency based approach*. Reston, VA: The Council for Exceptional Children, 1978.

Brolin, D.E. *Vocational preparation for persons with handicaps*. Columbus: Chas. E. Merrill, 1982.

Brolin, D.E. & Kokaska, C.J. *Career education for handicapped children and youth*. Columbus: Chas. E. Merrill, 1979.

Burkhead, E.J., Domeck, A.W. & Price, M.A. *The severely handicapped person: Approaches to career development*. Columbia, MO: University of Missouri, 1979. (ERIC Document Reproduction to Service No. ED 178 114).

DeJong, G. *The movement for independent living: Origins, idology and implications for disability research*. East Lansing, Mich.: University Center for International Rehabilitation, 1979.

Disabled USA, Planning for the 80's, 1980, *3*, 4, 2-15.

Ferrini, P., Matthews, B.L., Foster, J. & Workman, J. *The interdependent community: Collaborative planning for handicapped youth*: *Leader's Handbook*. Cambridge, Mass.: Technical Education Research Centers, 1980.

Flanagan, W.M. & Schoepke, J.M. *Lifelong learning and career development needs of the severely handicapped*. Columbia, MO: University of Missouri, 1978.

Frieden, L., Richards, L., Cole, J., & Bailey, D. *ILRU Source Book*. Houston, Tex.: Institute for Rehabilitation and Research, 1979.

Ginsberg, E., Ginsburg, S.W., Axelrad, S., & Herma, J.L. *Occupational choice: An approach to a general theory*. New York: Columbia University Press, 1951.

Hansen, L.S., & Tennyson, W.W. A career management model for counselor involvement. *Personnel and Guidance Journal*, 1975, *53*, 638-645.

Moise, L.E. Will the real advocate for retarded persons please stand up! Child Welfare, 1975, 54, 27-33.

Perske, B. Toward an independent life. Arlington, Tex.: National Association for Retarded Citizens, 1974.

Schalock, R.L, & Harper, R.S. Placement from community-based mental retardation programs: How well do clients do? American Journal of Mental Deficiency, 1978, 83, 240-247.

Snell, M. Retarded adults in the community: How successful are they? Education Unlimited, 1979, 1(1), 53-54.

Sprafkin, R.P., Gershaw, N.J., & Goldstein, A.P. Teaching interpersonal skills to psychiatric outpatients: Using structured learning therapy in a commuity-based setting. Journal of Rehabilitation, 1978, 44, 2, 26-29.

Super, D.E. The psychology of careers. New York: Harper & Row, 1957.

Wilkinson, M.W. Leisure: An alternative to the meaning of work. Journal of Applied Rehabilitation Counseling, 1975, 6, 2, 73-77.

CHAPTER 2

THE LCD RESEARCH AND DEVELOPMENT PROJECT

The development of The Lifelong Career Development (LCD) Program occurred over a three year period (1978-1981). Research, expert opinion and advocate efforts such as The White House Conference on Handicapped Individuals in 1977 clearly indicated that many persons with disabilities were in great need of continuing education and career guidance services to attain satisfactory employment and personal functioning.

While there are a myriad of agencies available to disabled individuals for continuing education and career guidance, our conclusion was that there is no mechanism available to bring appropriate services together and to provide other services not available (e.g., guidance and counseling, parent consultation, advocacy, independent living skills training, crisis intervention, and the like). Thus, The LCD Project was designed with the following objectives:

- identify the major lifelong career development needs of severely handicapped individuals and the extent to which they are presently being met
- design a conceptual career development prototype model that can be implemented at a community college to assure and coordinate continuous delivery of services
- produce a staff development training program and resource materials for community personnel relative to providing lifelong career development services
- implement and field test the prototype staff development training model
- implement and field test the comprehensive career development training program

This chapter will outline the three major activities that were initiated to meet these objectives: 1) a comprehensive needs assessment study, 2) training personnel to carry out the LCD Program, and 3) the results of the implemented programs at the field test sites.

THE NEEDS ASSESSMENT STUDY

PURPOSE

During January-March 1979 the LCD Project conducted an extensive needs assessment survey at three community colleges chosen as field sites for the project.

Answers to many questions were sought to ascertain the career development competency levels and learning needs of those individuals with seven types of disabling conditions: 1) visual impairment, 2) hearing impairment, 3) mental retardation, 4) cerebral palsy, 5) epilepsy, 6) orthopedic handicaps, and 7) multiple handicaps. Relatives of these individuals were also surveyed regarding their perceptions of competency levels and learning needs. Agencies at each site were asked which disability groups they serve and what services, training or funding they provide pertinent to career development competencies. In addition, community college faculty/staff and area employers were surveyed to determine their attitudes toward persons with disabilities.

The results of the needs assessment survey provided the guidelines for the development of extensive training and resource materials to be utilized by personnel in the community college setting. These materials are for community college faculty and staff, agency staff, individuals with disabilities and their families all of whom will be able to participate in the programs developed by the community college through LCD.

METHOD

Four separate instruments were utilized in the community college areas to gather information from the population samples surveyed. These are presented in Appendix A.

The Disabled Person Questionnaire (Form A) was administered to 161 individuals distributed among the seven disability groups. This questionnaire consisted of two parts. The first part asked for demographic data and information regarding employment, services received in the past, desire for further training and perceived barriers to goal attainment. The second part consisted of a card sort of the 118 skill statements (subcompetencies) that comprise the 22 LCD competencies and fall into the three domains of daily living, personal-social, and occupational guidance and preparation skills. Respondents were asked to indicate whether they thought they were able to do the subcompetencies well, able to do them partially, or not able to do them at all. The mean scores for each of the 22 competencies were calculated for each disability group.

The Disabled Person'Relative Questionnaire (Form B) was adminstered to 104 relatives (primarily spouses, parents, or siblings) of the individuals with disabilities. This questionnaire was the same general format as Form A. Mean scores were calculated so that the disabled person's self-perception could be compared with their relatives' perceptions of them.

The Agency Questionnaire (Form C) was administered to the representatives of 40 agencies from the three campus areas. Each agency person was asked to indicate which of the seven disability groups the agency served and what services, training or funding pertinent to each of the subcompetencies the agency provided. These agency representatives were also asked to indicate and prioritize the types of assistance their agency and staff need in order to provide further career development services to individuals with disabilities. A ranking of preferences for types of inservice training was also requested.

The Attitude Toward Disabled Persons Scale (Yuker, Block, and Young, 1970) was utilized as Form D in the needs assessment survey. This instrument measures individualized versus stereotypical perceptions of persons with disabilities. Attitudes of those who perceive persons with disabilities in a stereotyped manner tend to be negative.

The ATDP was administered to 118 individuals representing two groups on each campus: community college faculty and staff and employers in area businesses and industries. Assessment of attitudes were deemed essential since the existence of attitudinal barriers would indicate the need to include educational materials and experiential opportunities in the LCD training package.

FINDINGS

Persons with Disabilities and Relatives

1. Comparison of the competency levels as reported by individuals who comprised the seven disability groups indicated that those with multiple handicaps, orthopedic handicaps, cerebral palsy, and mental retardation were less able to perform the competencies than individuals with visual or hearing impairments or epilepsy. It is important to note, however, that all groups report experiencing difficulties in performing the competencies.
2. Five of the seven disability groups reported less ability in performing skills relating to managing finances and exhibiting self confidence than on other skills. Four of the groups reported less ability in performing skills relating to home management, family living and raising children, buying and caring for clothing, getting around the community (mobility), and knowing occupational possibilities.

3. Relatives' perceptions of competency levels were generally in agreement with those of the persons with disabilities. Differences were found in the areas of managing finances, buying and caring for clothing, achieving self awareness, communicating with others, and selecting and planning occupational choices. In these instances the relatives' perceptions were that persons with disabilities were less able to perform the competency than the persons with disabilities reported.

4. A review of the employment status of persons with disabilities surveyed indicates that approximately one-third (56) currently employed and less than one-eighth (18) in school or training programs. The groups with the highest proportion of unemployed individuals - multiple handicap, orthopedic handicap, and cerebral palsy - were also the groups who reported being less able to perform the competencies.

5. Jobs held by those working were diverse and ranged from work requiring significant training, education and skill to work requiring minimal training and skill. Nine of the 56 employed persons were in a sheltered setting. Those dissatisfied with their employment wanted better pay, more personal satisfaction, and opportunity for advancement.

6. A comparison of competency levels between those who were working and those not indicated that where differences did exist, those working reported being better able to perform the competency. Reports by relatives also followed this pattern.

7. Approximately two-thirds of the persons with disabilities indicated they desired further training. Those who wanted training reported less ability in acquiring self confidence and seeking, securing and maintaining employment. The follwoing groups had the highest proportion of individuals wanting training: multiple handicapped, orthopedic handicapped, cerebral palsy, and mental retardation.

8. Persons with disabilities and relatives reported that the following were barriers to goal attainment for the disabled person: handicapping conditions, "nothing" (these may have been individuals who are currently employed and satisfied with their work), lack of/or inadequate education/training, the attitudes of others, transportation/architectural barriers, self confidence/awareness, knowing about/securing jobs, finances, motiva-

tion, and emotional problems. Forty percent of those who said "handicapping condition" were in the cerebral palsy group.

Agencies

1. Some services/training/funding was available to all disability groups for all subcompetencies. However, gaps in services existed near the various campuses, actual percentages of agencies serving the subcompetencies varied greatly, and no index for the quality of services was developed.
2. A tabulation to determine those subcompetencies for which less than one-half of the agencies that serve each group have provisions indicates that 99 percent of those subcompetencies were daily living skills, skills that many disabled persons reported being least able to perform well. Subsequent interviews with agency staff, however, revealed that specific organized services geared to develop personal-social skills were frequently not provided.
3. In order to provide career development services, agency representatives identified additional funding, additional staff and inservice training as priority needs.
4. Agency and community college staff chose workshops followed by receipt of informational materials and short courses as the preferred types of training to enable staff to provide career development services.

Attitudes

1. The ATDP attitudinal scale was administered to 62 community college faculty/staff and 56 area employers. The mean scores for the six groups ranged from 110 to 124. Highest score was 180. This would seem to indicate that their attitudes tended to be more individualized than stereotypical but that a definite need exists for educational materials to engender more positive attitudes.

The study revealed that more daily living and personal-social skills were particularly important needs of disabled persons and that the majority surveyed wanted more training. But, there are fewer agencies available to meet these needs than for occupational preparation. If successful career development is to be achieved, greater efforts to provide these services must be undertaken on behalf of these individuals.

TEAM TRAINING WORKSHOPS

PURPOSE

LCD Team Training Workshops were conducted for each of the LCD teams involved in the project. Developed and conducted by project staff in Columbia, Mo., the two-day workshops served a dual purpose. First, they provided the LCD teams the training and information they needed to implement the LCD Programs in their respective areas. In addition to this, the workshops served as field tests for the team training modules later to be completed for this HANDBOOK.

METHOD

The workshops were designed to maximize the team members experiences with process as well as content and to enhance their functioning as an integrated unit. Active involvement in exercises and discussions was required, in addition to more didactic activities in lecture form, and film presentations. Workshop activities included the following topics:

- workshop orientation
- LCD Model on Program Rationale
- question-answer activity about the LCD Program
- interviewing skills
- orientation of LCD program participants
- assessment of LCD program participants
- utilizing an assessment profile
- team staffing simulation
- resource collection
- medical aspects of disabilities
- consultation and training services
- instruction services: The College for Living Program
- personal achievement skills training group
- advocacy and section 504
- program evaluation
- ethics
- public relations
- team planning sessions

In addition to the actual training procedures, steps were taken to evaluate the effectiveness of the workshops, purposes of possible revision and future use. The evaluation had four major components:

1. Cognitive Evaluation
2. Self Evaluation
3. Training Process Evaluation
4. Workshop Content Evaluation

For the Cognitive Evaluation an instrument comprised of forty multiple choice and true-false items was administered in a pre and post-test format (copies of workshop evaluation forms can be found in Appendix B). The items chosen for this instrument were based directly on the content of the workshop activities. An exposure to this material was hoped to result in increased knowledge and understanding of the concepts involved.

A Self Evaluation was also conducted in a pre and post-test format. An instrument was devised to allow each participant to evaluate his or her own level of competence on fory-seven behavioral objectives before and after participating in the training. A five digit likert scale, rating competence from low to high was provided for each item. A rating of five indicated high competence.

A Training Process Evaluation comprised of eight items was also administered to each participant. Each item was ranked from excellent to poor with space provided for comment. Aspects evaluated were organization, thoroughness, pace of training, preparedness, learning atmosphere, training facility, usefullness of training manual and motel accommodations.

For the Workshop Content Evaluation each trainee was asked to evaluate twenty activities and presentations convering the course of training. Each aspect was rated on five digit likert scale with one equaling poor and five equaling excellent on the dimensions of quality and utility.

RESULTS

Results from the evaluation of the Team Training Workshops were as follows.

Cognitive Evaluation

Following training and the administration of both forms of the Cognitive Evaluation of Training but prior to analysis of data, a few items were dropped. This was done because the training staff felt the content covered by the items was inadequately presented during the workshops. An item analysis of the results later confirmed that most participants answered these items incorrectly.

A one-tailed dependent t-test was utilized in comparing the difference in the mean number of correct responses from the pre-test to the post test. Results showed an increase of number correct at the .025 level of significance, indicating that participants significantly increased their knowledge in content areas covered by training.

Self Evaluation

Compilation of results from the Self Evaluation was accomplished by averaging the ratings by the participants for each behavioral objective. Scores on all forty nine items shifted in the positive direction on the post-test, indicating the subjective perception of increased competency resulting from training. The following items had mean scores of less 3.5 for both teams:

- administer and score the Personal-Social Inventory and report results
- write the ICD Plan as determined by the team and participant
- locate existing instructional options for LCD participants
- establsih a plan to retain administrative support of the LCD program
- identify local, state and federal funding sources for the LCD program
- develop a system for monitoring program effectiveness
- develop plan for implementation from present to July 1

Training Process Evaluation

All items were ranked above average, with most near excellent. Considering both workshops, the highest rating was given to "Preparedness of trainers". The worst average ranking was given for "Pace of training presentation and activities", which many trainees indicated was too fast.

Evaluation of Workshop Content

Of the forty items rated by fourteen individual participants, eleven items were rated average regarding quality and utility. All other items were rated above-average to near excellent.

IMPLEMENTATION OF LCD PROGRAM

PURPOSE

Following training the teams returned to their respective communities and proceeded to implement the LCD Program. Although pre-training conferences and the training itself provided guidelines and suggestions for operation, the

LCD teams were confronted with a great deal of uncharted water. The project site teams were to see if the LCD program would meet the goals as set through its model.

Advisory committee members were selected from the community college, agencies, businessess, and the community at large. The LCD Coordinator and team at each site were responsible for dividing and sharing the time and energy commitments necessary to establish LCD as a bonifide human service in the eyes of the general public, community college administration, and other service delivery agencies. In addition to advertisement, community awareness building, and public relations with agency personnel, the team had to ready themselves to provide services as outlined by the seven roles of the program model. Soon, the doors were opened and the LCD programs set in full operation.

METHOD

Several monthly report forms were designed by the project staff and provided to each project site (copies are not included in Appendix C). These forms were intended to provide on-going, monthly feedback to the project staff in Columbia, Missouri, in addition to facilitating record keeping at each site. In all, fourteen report forms were requested each month, covering activities such as: the seven team roles; incoming and outgoing phone contacts; and meeting minutes and summaries.

It was intended that the information from these reports would provide most of the information necessary for the monitoring and evaluation of the program's implementation.

Finally, after the programs had been open to disabled individuals for the ten month period convering August, 1980 through May, 1981, attention was turned toward the outcomes at each project site. An instrument entitled, LCD Program Evaluation Questionnaire (Appendix C) was constructed and administered to the coordinators and community college project advisory persons. Consisting of eleven major questions, each with several discussion points, the questionnaire was designed to obtain feedback concerning the program's effectiveness, and utility from an administrative outlook.

A second instrument entitled, LCD Final Project Evaluation Questionnaire (Appendix C) was administered to the team and advisory committee members. This questionnaire was made up of objective items, utilizing likert scale ratings and rank orderings for the most part. It was designed to ascertain the relative appropriateness of the LCD Model, methods and materials from the staff most involved in their use. A third instrument entitled, Final LCD Project Evaluation of Roles and Functions was also administered. This was designed to obtain information regarding the staff hours that were spent on each major project activity.

In addition to the pencil and paper instruments, the project director conducted on-site interviews with persons from each program to supplement the evaluation information.

RESULTS

During the process of organizing information regarding the ongoing implementation of the LCD Program, an interesting development was encountered. Major aspects the programs at the two project sites were not evolving in a consistently parallel fashion. This made the final compilation of results a more complex task than anticipated. In order to present as clear a picture as possible, separate descriptions will be given of the implementation of the LCD Program at each project site regarding their dissimilarities.

IOWA CENTRAL COMMUNITY COLLEGE (ICCC)

The LCD team at Fort Dodge, Iowa, had somewhat of an advantage from the onset of their program. The community college which has about 2,000 students, has a staff position entitled Special Needs Coordinator, designed to function by providing services to the disadvantaged and handicapped. This person assumed the role of LCD Coordinator. In addition, a sheltered workshop and the regional office of the Vocational Rehabilitation Educational and Services Branch were actually located on the campus. They have over 200 faculty and a broad range of programming.

In essence, ICCC had a skeletal framework already in place, and utilized the LCD materials, philosophic concepts, training and model to add substance, breadth and motion. This situation also had the effect, however, of causing the program to be somewhat of a hybrid, with more focus on the community college itself than is described in the program's conceptual model (see Chapter 3). This should not be construed as a negative commentary. The LCD program at ICCC has had quite an impact on that community.

In order to describe their program implementation process, the average number of staff hours per month was calculated for each of seven team roles: Career Assessment, LCD Planning, Information Service, Advocacy, Instruction, Training Services, and Resource Collection. An eighth category for other program-related activities was also added for clarification. Descriptions of the seven roles are located in Chapter 3 of this HANDBOOK. This, plus additional information was taken from the Final LCD Project Evaluation of Roles and Functions (Appendix C). A synopsis of the results follows. This information pertains to the first nine months the program was available to participants (disabled persons).

- Nearly twice as many staff hours were spent per month on indirect services than were spent on direct client services
  - A majority of the indirect services involved the roles of Training and Information Service offered to ICCC personnel and other agency staff.
- The team role of Instruction was not implemented, because of the absence of funds to support new curriculum and instructors.
- A total of four LCD participants underwent LCD Planning; while six participants received Career Assessment services.
- Six participants received services under the role of Advocacy.
- Two staff hours per month were spent developing and updating the Resource Collection.
- Approximately twenty staff hours per month were spent on other activities such as: establishing relationships with other community agencies, community awareness building, and program advertisement through posters, brochures and radio spots.
- The largest increase in client service was to the 18 to 25 year old handicapped persons who could become enrolled in full time vocational/technical and arts and science programs at the community college.
- The major impact of the LCD program was its provision of philosophy and materials to programming and services already in existence at the community college.

BRAINERD COMMUNITY COLLEGE (BCC)

Set in a rural area of Minnesota, BCC is a fairly small school, having about one-third the enrollment of ICCC. Prior to the inception of the LCD program at BCC, there were no special services or personnel specifically designed for disabled persons. When the LCD program opened its doors to participants there were nine disabled students enrolled at the college, some of whom were recruited by LCD team members while the program was in its preparatory stages.

Contrary to the situation at ICCC, no staff positions, office space or curriculum existed that could facilitate the establishment of the LCD Program. Outside funding had to be located for the coordinator's salary. To aid in the description of the LCD Program during the first nine months of participant services, a summary of the results from the Final LCD Project Evaluation of Roles and Functions follows.

- More than three times as many staff hours were spent in roles providing direct client services, as were spent in indirect services.
- Lack of funding prevented the implementation of the role of Instruction.
- Training services were accorded about equally to community college personnel and other agency staff persons.
- A total of ten participants received Career Assessment services and LCD Planning.
- Advocacy services were provided for seventeen participants.
- The vast majority of staff hours was spent in other activities involving: increasing community awareness of the special needs of disabled persons; relationship building with community college administration; seeking operational funding; program advertisement; and improving accessibility for the handicapped in the community.

Hopefully, these summarized results make obvious the differences in the programs at the two project sites. LCD at Iowa Central served to increase greatly the quality and depth of programming that was already set in a framework. At Brainerd, LCD provided the initial foundations for establishing community awareness and programming for the disabled.

Two other instruments were administered relative to the implementation process at the two project sites. The first was the LCD Program Evaluation Questionnaire, which was responded to by community college administrators and team coordinators. The second was the LCD Final Project Evaluation Questionnaire, which was administered to LCD team and advisory committee members. Both forms were designed to extract opinions on the soundness of some of the more basic conceptual aspects of the program's model and methods, as gained through first hand experience. The results were surprisingly similar from both sites on both forms. The only marked dissimilarities occurred when advisory committee members rated items "Neutral or No opinon" because of no first hand exposure to the elements being approached.

The following is a summary of the results from these two instruments. Again, only those items that were responded to in decidedly similar ways will be included.

- The disabled persons that became participants seemed to constitute a sub-sample of those identified in the needs assessment survey. Most participants were fairly high functioning and interested in gaining employment.
- The LCD conceptual model is sound, and vital for guaranteeing a full range of services to disabled persons.
- The service coordination (linkage) component is a vital aspect of the program, although some resistance to it was shown by other agencies, the consensus opinion was that more time would be necessary to completely integrate this new component in an established system such as human services.
- An individual with a disability that receives a service from LCD staff persons, including information and referral, should be identified as a "participant." Disabled persons coming for specific answers to questions and those directly referred to other agencies constituted the vast majority of contacts. However, these persons were not documented as participants since the services they received did not fall under a specific role from the program model.
- The advisory committee functioned most effectively by members receiving information and progress reports from the team, then passing them on to facilitate the linkage component.
- Time limitations, unwieldly report forms, and some confusion about how to classify certain contacts and activities resulted in few documentations of services that were actually provided.
- The 22 life-centered competencies are an essential basis for operating an LCD Program. Most staff persons felt that their program had not been in operation long enough to demonstrate its effectiveness in facilitating competency attainment.

- It was strongly agreed that the community college is the most appropriate setting for an LCD Program; both in regard to supplementing agency resources, and enhancing recruitment of handicapped persons.
- To facilitate the success of an LCD Program agency administrators should assign a staff member to the LCD Team as part of their regular responsibilities.
- Some communities will want to implement only portions of the LCD Program; and the HANDBOOK lends itself easily to that kind of use.

The following section will include conclusions derived from the accumulation of results summarized above.

CONCLUSION

1. Most disabled persons surveyed identified daily living skills as a priority training need. But, personal-social and occupational guidance and preparation were also clearly major learning needs. Both persons with disabilities and their relatives indicated a desire for additional services. Thus, the Needs Assessment Study supported the contention of the project staff that an LCD type program was needed.
2. More time than initially anticipated appears to be required for the establishment of an LCD Program within a community. The amount of time and effort spent on activities such as community awareness building and program advertisement may depend on the quantity and quality of services that already exist in the community.
3. It was initially puzzling that those disabled persons who came to the LCD Programs in the first year were very different from, and expressed different needs, than were anticipated by the needs assessment survey results. In retrospect, however, it appears logical that the highly motivated, higher functioning persons who have attained the lower level competencies would be the first group to make contact. In addition, job-oriented needs appear to be those most expressed by this group.
4. An unanticipated development was the sporatic and incomplete use of the monthly report forms that were to be the basis of evaluation information concerning program implementation. Too numerous and inflexible to allow

for convenient yet comprehensive use, the forms were discarded and replaced by a new, single form (see Appendix F).

5. A consequence of the inadequacies of the old forms is that the results of program implementation reflect only about one-fourth of the participants actually served by LCD staff persons. The vast majority of disabled persons who made contact with LCD did not receive services delineated under the seven team roles, and consequently were not identified in documentation. These persons either came in for answers to specific questions or were directly referred to a particular agency upon presentation of a problem situation.

6. Much of the total impact of the LCD Programs at both sites cannot be discerned from the formal information collected around the seven team roles. For example, in Brainerd one of the major accomplishments of the program has been the increase in community awareness of handicapping conditions. Another achievement was the formation of TAD (The Able Disabled) which is a support group of disabled persons, advocates and friends. TAD members have been representing the group in community government meetings; putting on awareness workshops; and providing advisement concerning transportation and architectural barriers around the community.

7. In Fort Dodge, some of the greatest impact of LCD is also out of our formal evaluation boundaries. The ICCC assessment center, now utilizing LCD materials is serving twenty-three clients per month. Two educational programs for special needs populations are using all of the LCD materials and resources in their work. Finally, the area GED Teacher Inservice Program regularly attend LCD workshops and inservices to facilitate their service offerings.

The LCD project staff consider the research project successful. As personal testimony, community college administrators from both sites offered letters to be added to this text (See Appendix H). They speak as well as any for the accomplishments of the LCD Program.

PART II
THE LCD MODEL

Part 2, consists of Chapters 3-8. Chapter 3 is a detailed explanation of the LCD Model. This pivotal chapter discusses both the theory and practice behind the LCD program. Chapter 4 describes how the reader can implement the program into his/her situation. Issues concerning the choice of the community college as the project's focal point, the necessity of collaboration, and concrete steps to implement the program are taken on by this chapter. Determining the need for an LCD program, running your own needs assessment study, is the point of discussion in Chapter 5. Chapter 6 describes the administrative aspects relative to operating a LCD program in a community college or other setting. Chapter 7 contains information on how to conduct a community awareness campaign, utilize media and less conventional public relations techniques. The final chapter (8), introduces important considerations about LCD team member selection, identifies the 11 training modules and describes their format in Part 3, and provides guidelines for the training process that should occur in offering module instruction. With this background, the reader should be able to begin training the team for implementing the LCD Program.

THE LCD PROGRAM MODEL

Opportunities for learning abound in our society for non-disabled people while those available for individuals with disabilities are often less in terms of quality and number. Although a multitude of agencies exist to serve varying needs of disabled persons, no one agency is actually available to guide these individuals into proper career development services. One agency that has recently emerged as possibly filling this need, as well as that of direct service provider, is the community college, which offers a setting reflective of dignity and normalcy. Thus, it was decided to select the community college as the agency to help develop and field-test the Lifelong Career Development (LCD) concept and model initiated at the University of Missouri-Columbia.

The LCD Program described in this chapter was developed over a three-year period (1978-1981) and with the assistance of four community colleges in the Midwest. This chapter will describe the various and major components of the LCD Model: life-centered career development, goal and objectives, the team and its roles, the advisory committee and its roles, and the program model.

LIFE-CENTERED CAREER DEVELOPMENT

In Chapter 1, the 22 life-centered competencies which form an important component to the LCD Program were briefly introduced. These competencies are the outcome of an initial effort begun by the senior author in 1970 to design a vocationally-oriented special education teacher training program. Later, this effort led into a larger scale effort (Project PRICE, 1974-77) to develop a career education, competency-based curriculum for students with handicaps[1] in K-12 programs. The result was a Life-Centered Career Education (LCCE) Curriculum Model (Brolin, 1978) promoting the student's acquisition of the 22 competencies and 102 sub-competencies categorized as: (a) daily living, (b) personal-social, or (c) occupational skills. These competencies represent what research, practitioner experience, and expert opinion have deemed essential for successful career development. The three curriculum areas (categories), competencies and subcompetencies are presented in Table

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[1] The terms disabled and handicapped are used synonymously in this HANDBOOK. We do realize the terms are technically different but have chosen to use them as one for the purpose of this publication.

Curriculum Area	Competency		
Daily Living Skills	1. Managing Family Finances	1. Identify money and make correct change	2. Make wise expenditures
	2. Selecting, Managing, and Maintaining a Home	6. Select adequate housing	7. Maintain a home
	3. Caring for Personal Needs	10. Dress appropriately	11. Exhibit proper grooming and hygiene
	4. Raising Children, Enriching Family Living	14. Prepare for adjustment to marriage	15. Prepare for raising children (physical care)
	5. Buying and Preparing Food	18. Demonstrate appropriate eating skills	19. Plan balanced meals
	6. Buying and Caring for Clothing	24. Wash clothing	25. Iron and store clothing
	7. Engaging in Civic Activities	28. Generally understand local laws & government	29. Generally understand Federal Government
	8. Utilizing Recreation and Leisure	34. Participate actively in group activities	35. Know activities and available community resources
	9. Getting around the Community (Mobility)	40. Demonstrate knowledge of traffic rules & safety practices	41. Demonstrate knowledge & use of various means of transportation
Personal-Social Skills	10. Achieving Self Awareness	43. Attain a sense of body	44. Identify interests and abilities
	11. Acquiring Self Confidence	48. Express feelings of worth	49. Tell how others see him/her
	12. Achieving Socially Responsible Behavior	53. Know character traits needed for acceptance	54. Know proper behavior in public places
	13. Maintaining Good Interpersonal Skills	58. Know how to listen and respond	59. Know how to make & maintain friendships
	14. Achieving Independence	62. Understand impact of behaviors upon others	63. Understand self organization
	15. Achieving Problem Solving Skills	66. Differentiate bipolar concepts	67. Understand the need for goals
	16. Communicating Adequately with Others	71. Recognize emergency situations	72. Read at level needed for future goals
Occupational Guidance & Preparation	17. Knowing & Exploring Occupational Possibilities	76. Identify the personal values met through work	77. Identify the societal values met through work
	18. Selecting & Planning Occupational Choices	82. Identify major occupational needs	83. Identify major occupational interests
	19. Exhibiting Appropriate Work Habits & Behaviors	87. Follow directions	88. Work with others
	20. Exhibiting Sufficient Physical-Manual Skills	94. Demonstrate satisfactory balance and coordination	95. Demonstrate satisfactory manual dexterity
	21. Obtaining a Specific Occupational Skill		
	22. Seeking, Securing, & Maintaining Employment	98. Search for a job	99. Apply for a job

Table 2

Subcompetencies

Life Centered Career Education Competencies

3. Obtain and use bank and credit facilities	4. Keep basic financial records	5. Calculate and pay takes		
8. Use basic appliances and tools	9. Maintain home exterior			
12. Demonstrate knowledge of physical fitness, nutrition, & weight control	13. Demonstrate knowledge of common illness prevention and treatment			
16. Prepare for raising children (psychological care)	17. Practice family safety in the home			
20. Purchase food	21. Prepare meals	22. Clean food preparation areas	23. Store food	
26. Perform simple mending	27. Purchase clothing			
30. Understand citizenship rights and responsibilities	31. Understand registration and voting procedures	32. Understand Selective Service procedures	33. Understand civil rights & responsibilities when questioned by the law	
36. Understand recreational values	37. Use recreational facilities in the community	38. Plan and choose activities wisely	39. Plan vacations	
42. Drive a car				
45. Identify emotions	46. Identify needs	47. Understand the physical self		
50. Accept praise	51. Accept criticism	52. Develop confidence in self		
55. Develop respect for the rights and properties of others	56. Recognize authority and follow instructions	57. Recognize personal roles		
60. Establish appropriate heterosexual relationships	61. Know how to establish close relationships			
64. Develop goal seeking behavior	65. Strive toward self actualization			
68. Look at alternatives	69. Anticipate consequences	70. Know where to find good advice		
73. Write at the level needed for future goals	74. Speak adequately for understanding	75. Understand the subtleties of communication		
78. Identify the remunerative aspects of work	79. Understand classification of jobs into different occupational systems	80. Identify occupational opportunities available locally	81. Identify sources of occupational information	
84. Identify occupational aptitudes	85. Identify requirements of appropriate and available jobs	86. Make realistic occupational choices.		
89. Work at a satisfactory rate	90. Accept supervision	91. Recognize the importance of attendance and punctuality	92. Meet demands for quality work	93. Demonstrate occupational safety
96. Demonstrate satisfactory stamina and endurance	97. Demonstrate satisfactory sensory discrimination			
100. Interview for a job	101. Adjust to competitive standards	102. Maintain postschool occupational adjustment		

The nine Daily Living skills relate to four types of work activities: avocational, family, leisure, and civic involvement such as volunteer work. Inspection of these competencies, however, should also reveal their occupational implications for career development. For example, an individual adept and interested in Competency #1 might be guided toward occupations in that category.

The seven Personal-Social skills relate to work in family, community, and occupations. These competencies include understanding self, building confidence, solving problems, becoming independent, etc., which are those found to often be the disabled person's major problem in securing and maintaining employment in later years.

The six Occupational skills are obviously critical for employment. Two of the competencies pertain to learning about occupations and making appropriate choices; three relate to building specific vocational skills; and one focuses on the process of seeking, securing, and maintaining a job.

Life-centered competency development requires the cooperation of the disabled individual's family, community agencies and organizations, and business and industry. Thus, the LCD approach requires the active participation of each of these groups in the individual's program to better assure the acquistion of those skills felt necessary for successful career development.

GOAL AND OBJECTIVES OF THE LCD PROGRAM

Lifelong career development is a systematic approach to acquiring skills and services needed by handicapped persons to achieve and maintain their optimal degree of independent functioning throughout the life span. The program is designed to address four important aspects of human services:

1. A normalized setting: Providing a more normal setting (the community college) for discussing with handicapped persons their problems and needs relative to daily living, personal-social, and vocational functioning and making plans for their amelioration.
2. Linking service providers: Providing a location and method by which community agencies can work together more cooperatively with the community college to meet the needs of adults who are handicapped.
3. Focus on career development: Providing opportunities for the handicapped individual to acquire all of the skills necessary for a successful career, i.e., as an employee, homemaker, volunteer, or participant in a productive avocation.

4. Services throughout the life span: Providing a central location where the handicapped individual can seek services as needed throughout adulthood.

LCD is a multifaceted program designed to serve several target groups. The goal and objectives of the program are straightforward. The chart below lists the LCD Program's goal, objectives and methods to accomplish each objective.

THE LCD PROGRAM

Goal Improve opportunities for adults with disabilities to achieve a satisfactory level of career development.

OBJECTIVES		METHOD
• Improve delivery of services to disabled adults	→	By organizing a network of community and community college services
• Meet needs of disabled adults relative to achieving 22 Life-Centered Competencies	→	By providing career assessment, life-centered career development planning, information, referral to existing services and development of additional programs at a community college and other settings.
• Improve skills of non-disabled persons for interacting with disabled individuals and better meeting the career development needs of persons with disabilities	→	By providing training and information services to professionals and others

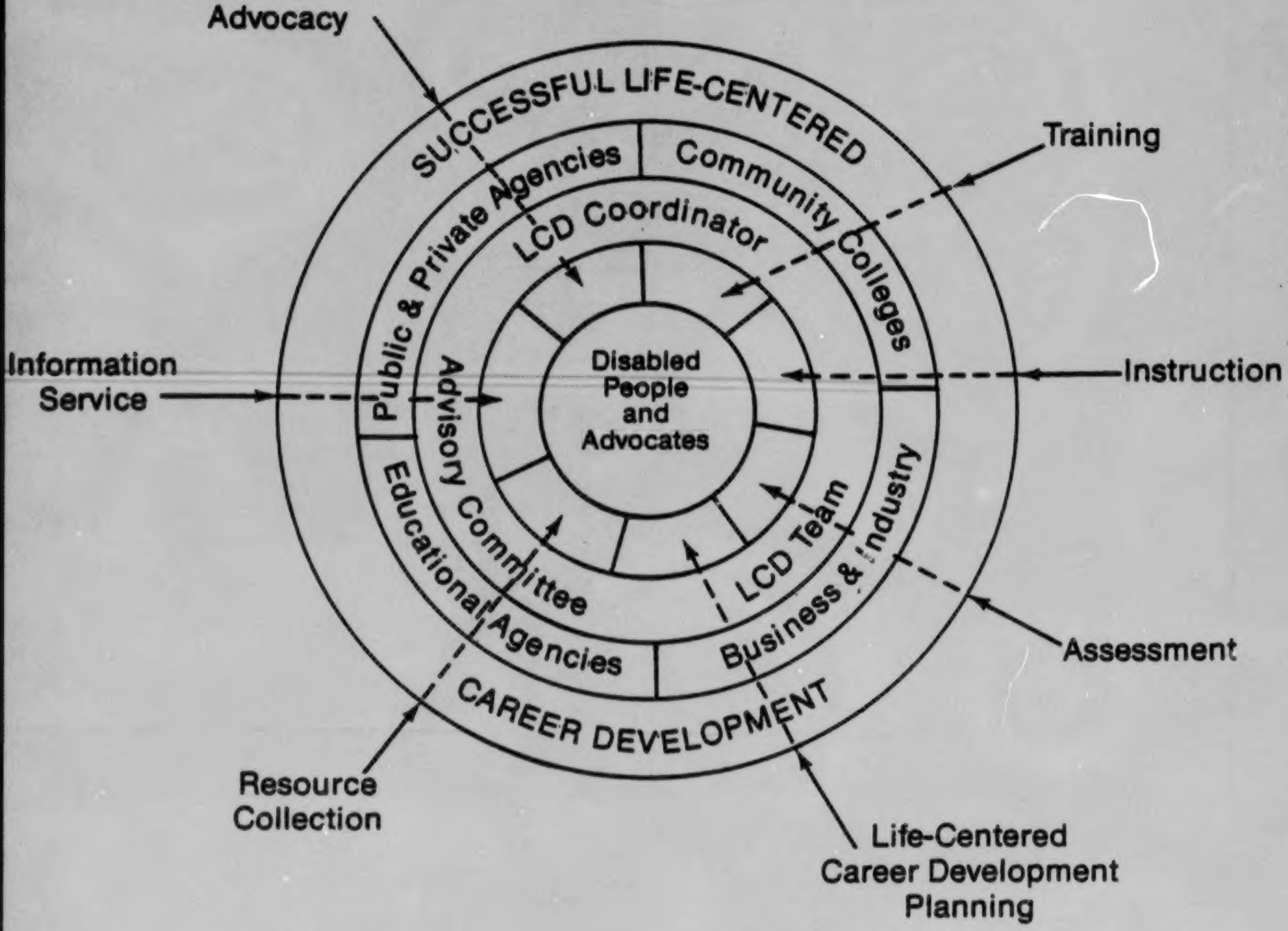
A conceptual model of LCD is presented in Figure 1 to further illustrate its dimensions. What the model attempts to portray is the following:

- Disabled people and those concerned about their career development
- Who need one or more of the seven services
- Which are coordinated by a LCD Coordinator, Team and Advisory Committee
- Who utilize various community resources so that
- Successful career development can be achieved.

Now that we have introduced the various dimensions of the LCD approach, we need to introduce the most important component of all, the LCD Team headed by a Coordinator.

FIGURE 1

LCD CONCEPTUAL MODEL


Advocacy
Training
Information Service
Instruction
Assessment
Resource Collection
Life-Centered Career Development Planning
SUCCESSFUL LIFE-CENTERED CAREER DEVELOPMENT
Public & Private Agencies
Community Colleges
Educational Agencies
Business & Industry
LCD Coordinator
Advisory Committee
LCD Team
Disabled People and Advocates

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THE LCD COORDINATOR AND TEAM

The Lifelong Career Development (LCD) Program operates through a team approach. The team engages in seven distinct roles found to be essential to provide comprehensive career development services to disabled individuals in community settings.

THE LCD COORDINATOR

The LCD Coordinator is responsible for directing LCD personnel and providing LCD services to adults with disabilities and others in the community. He or she works closely with community agencies and other groups and individuals concerned about the career development of persons with disabilities. The coordinator, skilled in the areas of leadership, communication and public relations, guides program development and contributes considerable manpower to program activities.

The LCD Coordinator ideally should be a member of the community college staff. He or she should be experienced and knowledgeable about community resources and systems and persons with disabilities. Detailed description of the position is presented in Chapter 4.

THE LCD TEAM

The LCD Team is central to development and implementation of the program. This group of 6-10 people provides the core of manpower and expertise required to conduct the program. Without question, the importance of the team to overall program success cannot be overstated.

The team is composed of disabled consumers and/or family members, community college staff and agency personnel. This cross section of knowledge, experience and interests maximizes the team's ability to implement an effective program.

TEAM ROLES

The team, under leadership of the LCD Coordinator, conducts a service that fills seven distinct roles. These roles are briefly described as:

1. Training: Developing and conducting various training services for individuals and groups, to help them provide better services to persons with disabilities.

2. Instruction: Increasing availability of learning opportunities for adults with disabilities by developing support courses and other resources in the community.
3. Career Assessment: Evaluating the individuals' skills and learning interests relative to life skills.
4. Life-Centered Career Development (LCD) Planning: Developing with the individual a workable individual Career Development Plan based on the training interests, needs, and options available at at the college and in the community.
5. Resource Collection: Making available to all interested community members a collection of disability and related information and resources that can assist them in lifelong career-development services and functioning.
6. Information Service: Providing information and suggestions to community college faculty and staff, agency personnel, employers, handicapped persons, their families, and others concerned about providing for the career development needs of these individuals.
7. Advocacy: Facilitating effective advocacy by preparing disabled persons to become self-advocates, serving as a resource to disabled persons, and becoming advocates for persons with disabilities.

Ideally, team members should be substantially involved in most of these roles. The extent of each team member's involvement will depend on release time and the person's other job responsibilities. The goal and objectives of the seven roles will now be more completely described.

THE SEVEN ROLES OF THE LCD TEAM

TRAINING ROLE

Goal Improve preparedness of various individuals to interact with disabled individuals and respond to disability-related concerns.

Objectives
a. Determine training needs in the community relative to disabilities
b. Facilitate use of existing training resources.
c. Develop appropriate forms of training as needed.

d. Conduct various training services including (but not limited to) workshops, seminars, panel discussions, media presentations and speakers.

e. Evaluate effectiveness of training conducted.

Description of Activities Through the role of Training, team members develop and conduct inservice training and awareness building experiences for community college faculty, staff and students, agency personnel, employers, disabled people and others in the community. This educational outreach can be a significant contribution of the LCD Program to professionals and others who interact with disabled people. This, in turn, benefits disabled individuals by preparing others to interact with them more successfully. Types of training provided by the LCD Program depend upon the community's needs, the team's resources and available opportunities.

EXAMPLES OF TRAINING

- Inservice training for community college faculty and staff focusing on adaptation of curriculum and instructional methods to accommodate disabled students.
- A presentation by disabled adults followed by a question and answer session conducted in grade school classes to increase children's awareness about disabled people.
- A seminar for employers wishing to learn more about legislation related to disabled people in the work force.
- A workshop for disabled adults on the topic of accessible housing.
- A speaker for the luncheon meeting of a community civic club to address the topic "1981, International Year of Disabled Persons."

Considerations Consider the following points when implementing the role of Training:

- Utilize all available manpower and resources to implement training. For example, recruit a team of disabled citizens willing to participate in panel discussions and serve as speakers when opportunities arise.
- Many of the training modules contained in Part 3 of the HANDBOOK can be modified for use with audiences other than team members. Whenever possible, use the modules or parts of them to develop training. This saves time and effort.

- Evaluation of training efforts is essential. As you plan each training event, choose the method you will use to get input and feedback from trainees and use it.
- Utilize evaluation data to improve future training and to document effectiveness of services.
- Detailed information about the role of Training is presented in Chapter 8.

INSTRUCTION ROLE

Goal Increase availability of learning opportunities to meet the career development needs of disabled adults.

Objectives
a. Determine availability of instructional resources for disabled adults in the community and at the community college
b. Facilitate disabled adults' use of existing learning opportunities.
c. Develop and/or conduct programs to fill unmet learning needs of disabled adults.

Description of Activities The focus for the role of Instruction is twofold: (1) to facilitate use of existing learning opportunities and (2) to assist in development and implementation of instruction to serve needs unmet by current resources. Team members gather information about resources available in the community and refer disabled individuals to them as needed. When appropriate instruction is not available, the team may develop support courses or individualized learning opportunities to meet specific needs. Specially developed support courses may be organized around the 22 competencies or the three domains of Daily Living, Personal-Social and Occupational skills.

EXAMPLES OF GROUP INSTRUCTION

- A course on cooking skills for people with limited use of their hands.
- An activity-oriented class on recreation opportunities for mobility-impaired people in the community.
- A structured growth group for disabled individuals to build self-awareness and self-confidence.
- An interpersonal and communication skills course for disabled individuals.
- A career exploration group for disabled adults.
- A job seeking skills course specifically geared for adults with mental retardation.

In some cases, the person's needs are best met through individualized instruction. The services described below exemplify this type of instruction.

EXAMPLES OF INDIVIDUALIZED INSTRUCTION

- One-to-one instruction is arranged for a woman with cerebral palsy to learn to swim at the YMCA.
- An opportunity for on-the-job career exploration is arranged with a local architectural firm for an orthopedically disabled person interested in drafting.
- A blind instructor at the community college provides campus orientation to a new student who is blind.

Considerations Consider the following points when implementing the role of Instruction:

- Disabled adults are the target group to receive services under the role of Instruction. This contrasts with the role of Training Services in which professionals, family members, employers or others as well as disabled individuals may be the target audience.
- In planning support courses, consider offering courses through established programs like adult or continuing education or the community college. This may lessen the work involved in planning and increase the course's visibility to prospective students.
- Relatively inexpensive curriculum materials are available to teach many of the 22 Competencies. Use of the materials greatly simplifies course planning.
- Consider recruiting volunteers to teach some of the support courses developed through the LCD Program. Pro's and con's of volunteer workers are discussed in Chapter 13, Handout 2.
- Agencies may wish to refer clients to support courses offered by the LCD Program.
- Advisory Committee members may be able to help arrange individualized instruction opportunities in the community.
- Detailed information about the role of Instruction is presented in Chapter 13.

CAREER ASSESSMENT ROLE

Goal Evaluate disabled individual's skills and learning interests relative to the 22 Life-Centered Competencies.

Objectives
a. Obtain background information.
b. Select and administer the Career Development Inventory (CDI) and/or other appropriate assessment instruments.
c. Prepare a profile of results and confidential file for the person.
d. Discuss results with the individual.

Description of Activities During Career Assessment, a member of the LCD Team uses the cumulative record file called the Career Development Record (CDR) in Appendix D to gather background information, administer the Career Development Inventory (CDI) and prepare a Career Development Profile. If appropriate, additional assessment instruments may be administered and, in some cases, it may be advisable to seek records of previous evaluations.

EXAMPLES OF CAREER ASSESSMENT

- A team member uses the Background Information form in the Career Development Record (CDR) to collect information to help a disabled person identify his development needs and goals.
- A team member administers the Career Development Inventory (CDI) and the Social and Prevocational Information Battery to identify training needs of a mentally retarded adult who plans to move into a group home.
- A team member reads items aloud from the Strong Campbell Interest Inventory to a blind individual who wants to explore her career interests.
- A man with cerebral palsy and a team member discuss areas of training needs suggested by CDI results.

Considerations Consider the following points when implementing the role of Career Assessment:

- An individual's first contact with the assessment process should involve person-to person interaction, not paperwork. Forms and instruments can be completed later.
- Carefully describe the purpose of Career Assessment, to gather information that will be useful in program planning. Emphasize that Assessment is not a test.

- Explain that records are confidential.

- Don't move too quickly or pressure the person. Be flexible and responsive to the needs of the individual you are assessing.

- Administer the CDI and/or other assessment instruments as appropriate. Examples: Tests for Everyday Living, Social and Prevocational Information Battery, or vocational evaluation instruments.

- Obtain records from other sources only when there is a specific need. It should not be a routine measure. Always get the disabled individual's (or guardian's) written permission.

- Detailed information about Assessment is presented in Chapter 14.

LIFE-CENTERED CAREER DEVELOPMENT (LCD) PLANNING ROLE

Goal Develop a workable Life-Centered Career Development (LCD) Plan.

Objectives

a. Involve the disabled individual in planning.

b. Generate options for services to meet the person's needs.

c. Identify the individual's strengths and weaknesses for use in LCD Planning.

d. Write an LCD Plan that is responsive to the individual's goals.

e. Assess progress through follow-along contacts with the person.

Description of Activities LCD Planning is an important service to individuals with disabilities. Through this process, assessment data and information gathered from the disabled individual are analyzed, service options are generated, and specific goals and plans are established. Then, through ongoing contacts with the person, a member of the team follows progress toward these goals.

STEPS IN LCD PLANNING

1. One or two team members meet with the disabled person to discuss the individual's goals and options available to help achieve them.
2. Together the individuals and team member(s) write and LCD Plan using the format provided in the CDR (see Appendix D).
3. Consult with the team if additional input is needed.
4. As the LCD Plan is implemented, a team member provided follow-along to monitor progress through regular contacts with the individual and service providers.

Considerations Consider the following points when implementing the role of LCD Planning:

- Remember, the team's role is to plan with, not for, the individual. Actively involve the disabled person in planning. In some cases it also may be appropriate to involve the family.
- In planning sessions, deal directly with the disabled person rather than relying on family members or friends. This should be a general policy although exceptions may arise.
- The LCD Planning process may require several meetings with the individual. Length of time required to establish a workable LCD Plan will vary.
- Consult with the team, advisory committee or other resource people if encountering difficulties in LCD Planning. The disabled individual should remain anonymous during such interactions with advisory committee members or resources outside the LCD Program
- A meeting of the entire team with the disabled person is not proposed in LCD Planning because some individuals might feel intimidated. However, for some persons a group meeting may be feasible and useful. Select the process that best accommodates the disabled person.
- If appropriate resources are not available to meet a disabled person's needs, consider establishing an individualized service or training opportunity as described under the team role of Instruction.
- Whenever possible, the team member responsible for follow-along should be someone with whom the disabled person has rapport. This can be facilitated by including the follow-along person in LCD Planning meetings with the person.
- Follow-along contacts should occur once a month, preferably in person.
- The team member responsible for follow-along should conduct the Exit Interview when the person is ready to conclude participation in the LCD Program. A format for this interview is provided in the CDR (see Appendix D).
- Detailed information about LCD Planning is presented in Chapter 15.

RESOURCE COLLECTION ROLE

Goal Make available disability-related information and resources to interested individuals.

Objectives a. Collect and organize resources in an accessible manner.

b. Respond to requests for information available in the Resource Collection.

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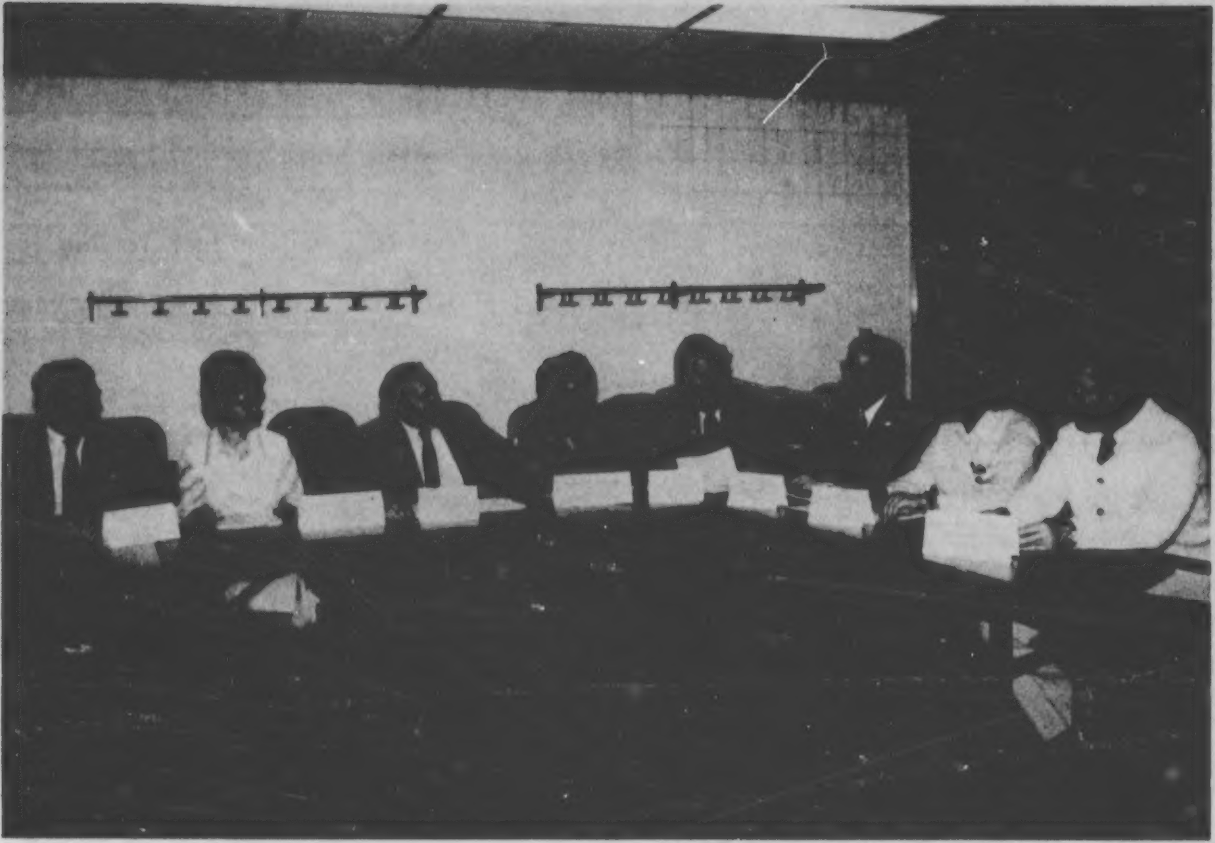
THE IOWA CENTRAL LCD TEAM IN A PLANNING SESSION



Above: Team members are: Luverne Bierle (LCD Coordinator); Pauline Olson, Carl Larson, Joan Abram, James Weires, Harold Frentress, Wayne Goodno and Marvin Lewis.

Below: Inez Giles (Team Member) and Neva Williams (LCD Coordinator).

RESOURCE COLLECTION AT BRAINERD

c. Acquire and organize information about local and state resources for inclusion in the Resource Collection.

d. Update and revise the Resource Collection

Description of Activities A centralized and accessible collection of disability-related information provides an essential resource to the team as well as a service to other interested persons. The role of Resource Collection includes communication of disability-related information in response to requests and collection and organization of information about local and state resources.

The Resource Collection should include materials on hand as well as new resources acquired specifically for the collection.[2] Updating and revision of the collection are ongoing responsibilities of the team.

EXAMPLES OF RESOURCE COLLECTION

- A collection of books, newsletters and pamphlets about disability-related information and local resources is organized in a section of the community college library or in a room outside the LCD Coordinator's office.
- A member of the LCD Team orients students from a community college course in human services about how to use the Resource Collection.
- A disabled individual uses the Resource Collection to locate information about local vocational training opportunities.
- A local advocacy group uses the Resource Collection to identify other advocacy organizations in the state.

Considerations Consider the following points when implementing the role of Resource Collection:

- Make sure the Resource Collection is housed in a facility that is accessible to disabled people.
- Build the Resource Collection early in the developmental stages of the LCD Program. It will serve as a resource to the team in implementing other roles.

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[2] The LCD RESOURCE GUIDE, described in the Preface, can serve as the core of the collection.

- If your community chooses to implement a modified version of the LCD Program Model focusing on a limited number of the seven team roles, consider establishing a Resource Collection to provide information for use in conducting those roles.
- All team members should become familiar with the organization and contents of the collection so they can locate materials easily.
- Survey local resources as soon as possible and include the information in the collection.
- Ask members of the LCD Advisory Committee to share information about new resources and materials. This may be included as a regularly scheduled activity during committee meetings.
- Detailed guidelines for establishing a Resource Collection are presented in Chapter 16.

INFORMATION SERVICE ROLE

Goal Provide appropriate information and referrals in response to requests from individuals in the community.

Objectives
a. Clarify the request for information.
b. Formulate and communicate the information or referral in response to the request.
c. Follow up to determine whether information or referral was satisfactory.

Description of Activities Through the role of Information Service, team members respond to requests from individuals having questions or problems related to career development of disabled individuals. Requests may come from community college faculty and staff, agency personnel, employers, disabled people, their families and others. The role of Information Service may be as simple as referring a person on the phone to an appropriate resource or as complicated as consultation on in-depth program planning.

Team members obtain information about circumstances surrounding the request and formulate recommendations to meet the needs of the individual(s) requesting assistance. The process ends with communication of the information or referral and follow-up to determine if results are satisfactory.

Activities that fall within the realm of Information Service may seem elusive for several reasons. It differs from some of the other program-related tasks because team members do not initiate the action. The team does not plan their Information Service activities as they might plan the development of the Resource Collection or a training workshop. Instead, team members become available to respond to issues and problems that others bring to them. Also, it is easy to forget that day-to-day problem-solving often falls within the role of Information Service.

EXAMPLES OF INFORMATION SERVICE

- A community college instructor asks for help in modifying instructional techniques to teach a disabled student.
- A business firm asks for assistance in planning a convention that is accessible and convenient for participants with disabilities.
- The spouse of a disabled person requests help in locating a local support group for families of disabled people.
- A wheelchair user attending the community college asks the LCD Coordinator for help when the elevator in the classroom building is out of order for an extended period of time.

Considerations Consider the following points when implementing the role of Information Service:

- Be sure you understand a person's request before attempting to provide recommendations.
- Providing information successfully depends to some extent on the interviewing skills of the team member. Interviewing tips discussed in Chapter 10 provide useful information about effective interviewing.
- Use the Resource Collection to help you address requests.
- Follow up with the person to determine whether your recommendation resulted in a satisfactory outcome.
- Team members should keep records of their activities within this role. Without these records, day-to-day services that demonstrate effectiveness of the LCD Program may not be documented.
- Detailed information about Information Service is presented in Chapter 17.

ADVOCACY ROLE

Goal Facilitate effective advocacy involving individuals who are disabled.

Objectives

a. Prepare disabled individuals to become self-advocates.
b. Serve as a resource to disabled individuals pursuing advocacy.
c. Become advocates for individuals with disabilities.

Description of Activities Through this role, team members become involved in various types of advocacy for disabled adults with a focus on preparing disabled individuals to be effective self-advocates. Team members well-versed on relevant legislation, bargaining techniques and resources work with disabled people who wish to solve specific problems or improve self-advocacy skills.

EXAMPLES OF ADVOCACY

- Team members conduct a seminar for disabled people on bargaining and negotiation techniques.
- The team helps to organize a self-advocacy group composed of disabled citizens in the community.
- At a disabled person's request, a team member provides feedback about the wording of a grievance to be filed with Office of Civil Rights.
- The team conducts a workshop on legal rights for disabled individuals and advocates.
- A member of the team who is disabled joins the city transportation committee to represent concerns of disabled citizens.

Considerations Consider the following points when implementing the role of Advocacy:

- Remember the team's primary objective for this role is to help others help themselves.
- Whenever possible use this general strategy: (1) first, work to help individuals solve problems or pursue issues on their own; (2) act on the person's behalf if other avenues are unsuccessful. There may be circumstances for which this approach is inappropriate, but try to implement it whenever possible.
- Knowledge and expertise of team members is especially important to success in the role of Advocacy. The following are key areas: relevant legislation, bargaining and negotiation techniques, and advocacy resources.
- Additional information about advocacy is presented in Chapter 18 and Chapter 31 in the RESOURCE GUIDE.

The seven roles constitute the services provided by the LCD Team. The target audience for each role is high-lighted in the following chart.

TARGET GROUP FOR EACH ROLE

LCD Roles Geared to Serve Disabled Adults	LCD Roles Geared to Serve Disabled and Non-Disabled Persons
• Instruction	• Training
• Career Assessment	• Resource Collection
• LCD Planning	• Information Service
• Advocacy	

LCD ADVISORY GROUP

The LCD Advisory Committee, composed of community college, agency, and consumer representatives, serves as a resource to the team in developing the LCD Program. An enthusiastic committee, well-versed in LCD's goals and activities, expands the program's resource and knowledge base and fosters deeper roots in the community.

Typically, advisory committees develop in one of two directions: (1) members operate as a token committee-- attending meetings to hear about program developments and offering minimal commitment of time, energy or support; or (2) members participate as a working committee evaluating the program's progress, recommending improvements, and sharing their ideas, expertise and time whenever possible. Within the framework of the LCD Program, cultivation of the latter level of involvement is vital to achieving maximum impact in the community.

The following points should be considered when forming and refining the LCD Advisory Committee:

- Select members carefully. Look for people who are open-minded about the program and willing to expend effort as a committee member.
- Be sure the committee represents a cross section of the community. Include representatives from consumer groups, business and industry, local government and civic organizations as well as school, college and agency personnel.
- Clearly explain to prospective committee members the goals and organization of the LCD Program, the committee's function and the level of involvement expected.

- An attendance criterion may be helpful in "weeding out" inactive members. For example, to remain on the committee, members must attend at least two of every four meetings. Establishing a term of membership also can be useful. Inform prospective members about criteria.
- Schedule meetings well in advance. Give at least a month or six weeks notice.
- Mail an agenda to members before the meeting and specify areas for the committee's input.
- Mail minutes of meetings to members, especially to those unable to attend.
- Periodically evaluate the committee and make membership changes as needed.

More specifically, the advisory committee participates in activities related to five areas: linkage of services, consultation, manpower and expertise, resource information, and community support. These committee functions or roles are described below.

One of the committee's most important contribution is the linkage of community services, an essential element of the LCD Program. An active committee composed of a cross section of representatives from agencies, consumer groups, business and education can function as a loosely organized network of services. Participation as a committee member affords the opportunity to meet and communicate with other people in the community interested in the concerns of disabled individuals. The committee can establish channels of communication to better coordinate existing services.

Advisory committee members serve as consultants to the team regarding different aspects of the LCD Program. As examples, committee members provide input to the team about program plans and recommend changes. The committee may assist the team in determining referral options for disabled individuals in the program.

Participation of the advisory committee also expands the availability of manpower and expertise to implement program activities. A member may speak at an LCD-sponsored workshop or teach a support course to disabled adults. The team should encourage advisory committee members to share their expertise in conducting selected program activities.

The advisory committee is a valuable source of information about local, state and national resources related to disability. Members can assist the team in keeping the Resource Collection up-to-date by bringing new books and materials to committee meetings to show the team and participating in efforts to document local resources.

Through their contacts with disabled individuals, professionals and others in the community, advisory committee members also can increase community support by conveying information and vaorable attitudes about the LCD Program. Committee members should be encouraged to inform their colleagues about the program and participate in public relations efforts.

THE LCD PROGRAM MODEL

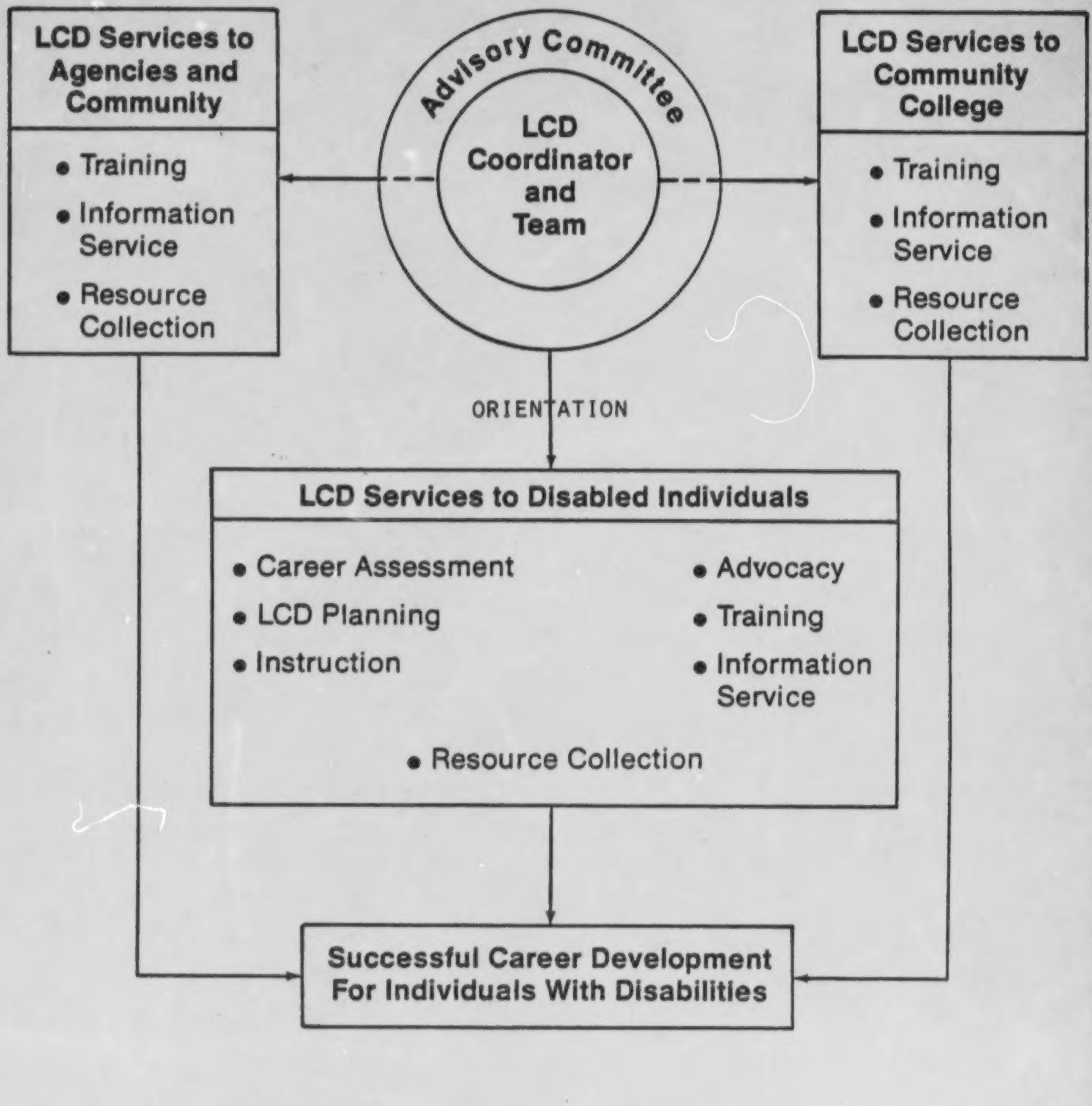
The LCD Program is available to all persons with disabilities. They contact the community college about an interview. When a disabled adult comes to the program to learn about LCD services, the LCD Coordinator or a designated representative should meet with the individual to discuss the program, answer questions and get to know the person. An individual's first contact with the program should involve person-to-person interaction, not paperwork. Routine information and forms can be handled later, if the person becomes a participant.

When orienting a disabled person to the LCD Program, be flexible and responsive to his or her needs so the person doesn't feel overwhelmed or pressured. Determine whether LCD services might be appropriate and whether the person wants to participate in the program before you gather and record extensive background information. Before concluding the first meeting, give the person a brochure about the program that includes the name and phone number of a contact person. Furthermore, ask the person to complete the Orientation Evaluation Form (Appendix E).

If the disabled individual is interested in improving his/her competency level, she/he is evaluated on the 22 competencies and learning needs (Career Assessment). Afterwards, the team meets with the participant to work out career development plans to get the services needed. Figure 2 presents a graphic representation of the LCD Program. This model depicts the services provided to target groups and demonstrates interrelationships between elements of the LCD Program. It should help guide the team in implementing the program and serve to introduce others to the LCD concept. To interpret the model, attend to both the vertical and horizontal flow described next.

FIGURE 2

LCD PROGRAM MODEL


LCD Services to Agencies and Community
• Training
• Information Service
• Resource Collection
Advisory Committee
LCD Coordinator and Team
LCD Services to Community College
• Training
• Information Service
• Resource Collection
ORIENTATION
LCD Services to Disabled Individuals
• Career Assessment
• LCD Planning
• Instruction
• Advocacy
• Training
• Information Service
• Resource Collection
Successful Career Development For Individuals With Disabilities

VERTICAL FLOW

The vertical flow of the program model depicts LCD Program services to individuals with disabilities. A disabled adult seeking career development services talks with a team member or designate who describes the LCD Program, responds to questions and provides a program brochure. Thus, the person becomes oriented to the LCD Program.

Depending upon the individual's needs and goals, the team member may recommend or provide one or more of the seven LCD Services: Career Assessment, LCD Planning, Instruction, Advocacy, Training, Information Service, and Resource Collection. A record of these services can be made by using the LCD Monthly Activities Report (MAR) in Appendix F.

HORIZONTAL FLOW

The horizontal flow of the model depicts LCD services to the agencies and community and to the community college. Services the team provides to agencies and community include Training, Information Service, and Resource Collection. The team also provides Training, Information Service, and Resource Collection to community college faculty, staff and students.

As shown by the vertical and horizontal flow of the model, the LCD Program involves two areas of service. The vertical flow depicts services to individuals with disabilities. The horizontal flow depicts services to professionals, family members and others. These services benefit the disabled population by better preparing others to interact successfully with disabled people and meet their career development needs. It is important to keep in mind the dual focus of the LCD Program, which helps to clarify the target populations for the program's various services.

Finally, we want to clarify what has been said about the LCD model by focusing in on the prospective uses of services. Note that when a disabled person encounters the program he immediately hits a fork in the road. The direction he goes is determined by the persons presenting needs. Depending on the service needs the disabled person is referred to an appropriate agency or undergoes an orientation and receives services directly from LCD team members. Figure 3 portrays this process in graphic form.

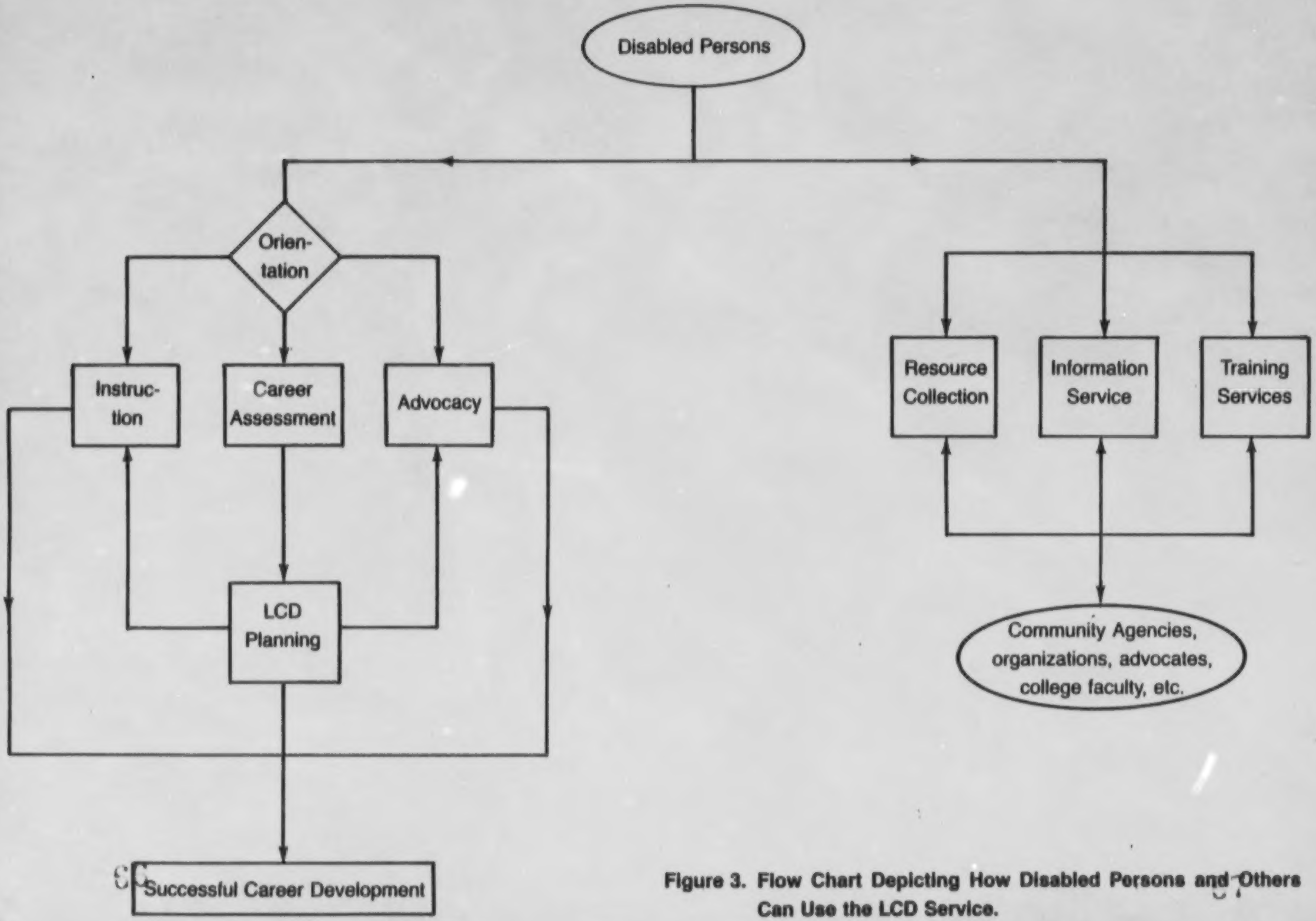

Disabled Persons
Orien-
tation
Instruc-
tion
Career
Assessment
Advocacy
LCD
Planning
Successful Career Development
Resource
Collection
Information
Service
Training
Services
Community Agencies,
organizations, advocates,
college faculty, etc.

Figure 3. Flow Chart Depicting How Disabled Persons and Others Can Use the LCD Service.

CONCLUSION

The LCD Program provides a model for achieving the elements of service improvement discussed previously--delineation of necessary life skills and linkage of community services. This multifaceted program emphasizes coordination and provision of services for disabled citizens relative to 22 life-centered competencies. These competencies serve as the focal point for many program activities.

The organization of the LCD Program is specially designed to generate on-going communication between service providers in the community. Through a team approach and active involvement of a community-based advisory committee, consumers, and service providers can work together to identify available resources and implement the program.

The LCD concept is an innovative model for providing a coordinated and comprehensive array of services to meet the career development needs of persons with disabilities. The program involves the community college in the linkage and provision of career development services to disabled adults. The community-based program, housed at the community college, derives maximum beenfit from the community college's resources and unique role in the community. In addition, the program could also be coordinated out of such agencies as independent living programs, vocational-technical schools, rehabilitation agencies, and perhaps other settings if needed.

The next chapter will discuss implementing the LCD program into the community college. This chapter delineates the rationale for using this institution, the importance of networking, and concrete steps for effective implementation.

REFERENCES

Brolin, D. Life-centered career education: A competency-based approach. Reston: Council for Exceptional Children, 1978.

CHAPTER 4

IMPLEMENTING THE LCD PROGRAM

Implementing the LCD Program will require considerable time and commitment from many individuals. LCD's comprehensive approach requires the active participation of a wide array of community members, including community college staff, human service agency personnel, disabled persons and their advocates, and interested citizens. The greater the representation of these groups, the better the chance the LCD Program will become an effective force in serving disabled people throughout the community.

This chapter first discusses the rationale for putting the LCD Program into the community college structure. This includes a simplified explanation of the community college structure and leads into a discussion of the necessary inter-agency collaboration. A network structure with a focus on the community college is delineated.

Subsequent to brief overview on "why" the LCD Program has been placed in a community college setting, the chapter outlines how to take a series of steps required to prepare for implementation of the LCD Program.

RATIONALE FOR ADDING LCD TO COMMUNITY COLLEGE PROGRAMMING

The community colleges are the people colleges. They were founded upon the concept of providing education at the local level to meet the diverse needs of the "working" people. Those needs are expressed in such typical programs as the following:

- The transfer Arts/Science or Liberal Arts curriculum of two years (Associate in Arts Degree).
- The Vocational/Technical program offerings of varying lengths to provide job specific skill training for occupational placement.
- Continuing vocational programs for upgrading skills and performance in business and industry.
- The wide variety of community service programs that are designed to enlighten the populace, as well as provide for the increased capabilities in life.
- The guidance and counseling services that assist potential students and users of education at the post-secondary level.

These five main thrusts of the community college are available for all people, including the handicapped.

The basic goal of the community college is to provide educational program services to the citizenry at the local geographic community level. The void filled by the community college is that education void between secondary education (general and vocational) and higher education (four years liberal arts speciality or technical education). Local citizen industrial/human services growth is basic to the community college system.

Undergirding this theme is the reliance in a community college upon a philosophy that places services to people as paramount. All personnel employed by the community college service the people. They all service by being able to answer inquiries about the college and its function. That service is conceptualized in the LCD model for the handicapped. The LCD model is a voluntary type human services provision.

The community college acts as the catalyst within a community service mode structure. The general public is conscious of remedying the sub-quality life of some of its members through human services support provided by a loosely-constructed consortium of public and private agencies. No one human services agency has the fundamental mission as clear as does the community college. The mission ranges from training (specific and general) to services (specific and general). This broad concept of support aligns itself to the catalyst role. The "community" is the title, "community college" has a geographic implication, as well as extended interagency definition of support for human services. The community college is, therefore, an ancillary agency for the handicapped needs within society.

The common denominator that can unite all agencies with the content of services to the handicapped is Life Long Career Development. American society is founded upon a function principle. Function is the core of LCD and the function is the individual being in a role of work content. It is presumed, therefore, that the improvement of the quality of the human existence can best be achieved through the relationship that the community college has within the ancillary role with agencies via the vehicle of the LCD program.

LCD should not be a difficult process to fulfill as part of the operational activity of the community college. For LCD to become a standard operational procedure, it needs and must become a working technology of certain key individuals in the community college. That certain individual should be logically the LCD team leader. And . . . the LCD team leader should be located high enough in line and staff relationship to have the authority and responsibility to effectively develop and manage the LCD team concept of operating within the collective community of agencies and the community college itself.

The three flow charts that follow should help the reader comprehend how Iowa Central Community College (ICCC), one of the LCD field test sites, integrated the LCD project into their institution. Note that in Figure 4 the LCD Team Leader (Coordinator) is a member of the Student Services Committee, thus giving LCD Program committee status. Figure 5 helps describe the place of LCD in the larger ICCC bureaucracy. The LCD Coordinator is the Director of Special Needs. He had a direct link to the Director of Community Education, giving LCD assistance from their Assessment Center. Moreover, this latter position had direct logistical support from the budget via the Assistant Superintendent of Curriculum and Instruction. Figure 6 describes the LCD program fitting into the Community Services division of Educational Services at Brookdale Community College. This placement is preferred, for the LCD program is then on the same level as instruction. Needless to say, your particular institution has a different organizational structure than the one offered by the organizational charts. The important thing to note, however, is the immediate position that LCD has in the structure, with good accessibility to meet the program's needs. Attaining a favorable place in the organization structure facilitates the existence and success of an LCD program at your institution.

THE NEED FOR OPEN NETWORKS

There are two terms that any worker in the human services needs to be aware of these days: accountability and cost-effectiveness. The LCD project has attempted to design a program that optimally serves handicapped individuals with the opportunity to increase cost-effectiveness. With any new venture comes change; acceptance of the LCD program demands that a counselor, educator or administrator change his or her orientation of working with other professionals.

Services are no longer independent entities, but ideally collaborate as a complete network. Collaboration with other agencies may offer a method of improving services and in the long run minimize costs. Yet, effective

Figure 4

IOWA CENTRAL COMMUNITY COLLEGE
COMMITTEE STRUCTURE

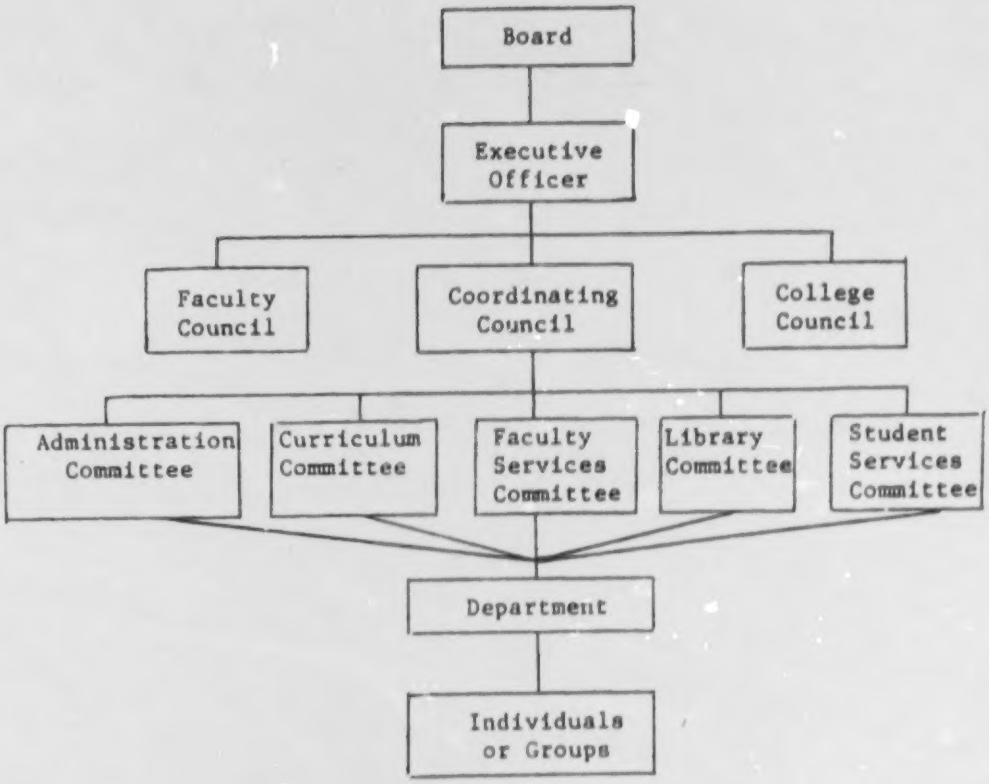
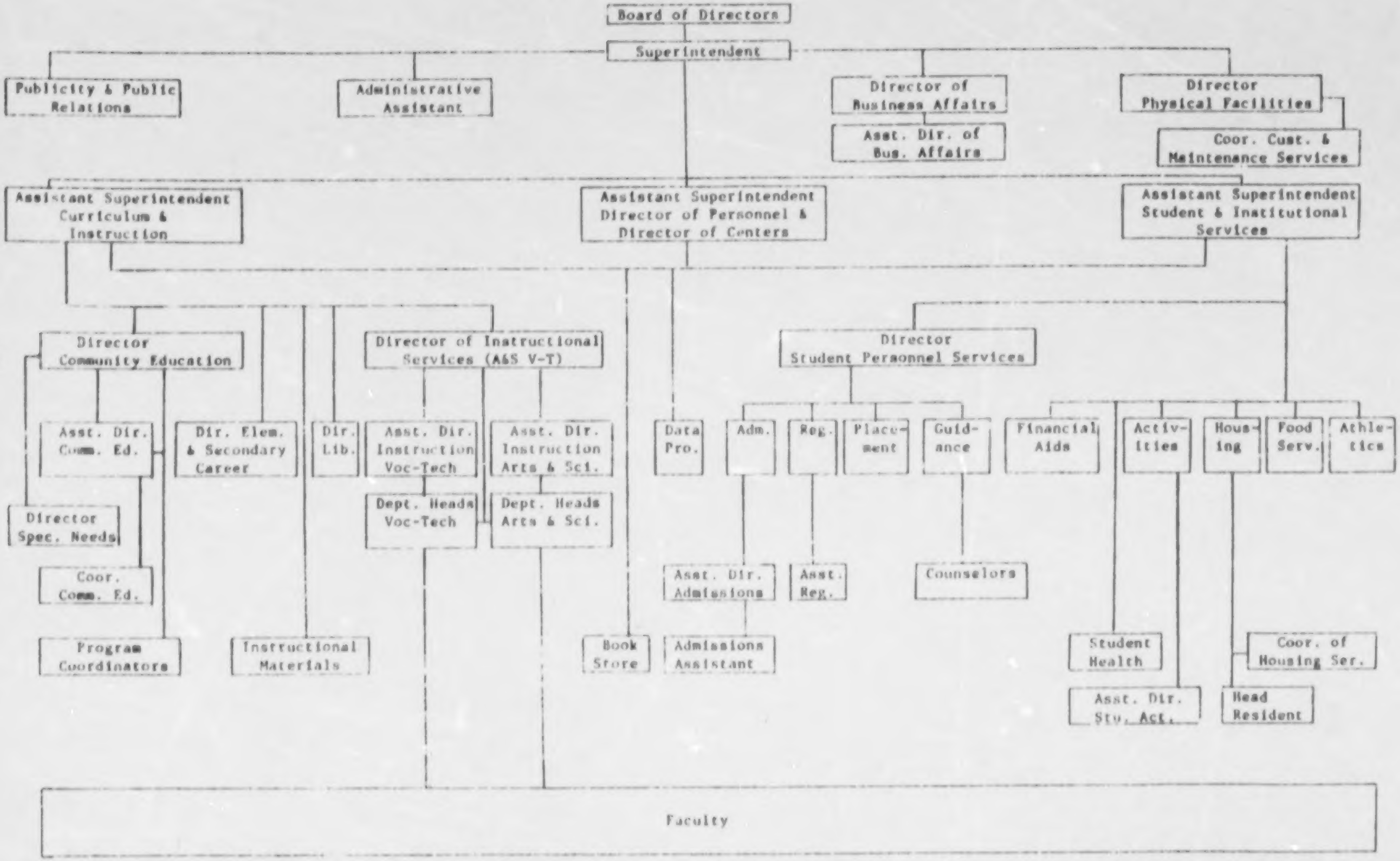

Board
Executive Officer
Faculty Council
Coordinating Council
College Council
Administration Committee
Curriculum Committee
Faculty Services Committee
Library Committee
Student Services Committee
Department
Individuals or Groups

Figure 5

IOWA CENTRAL COMMUNITY COLLEGE ORGANIZATIONAL STRUCTURE

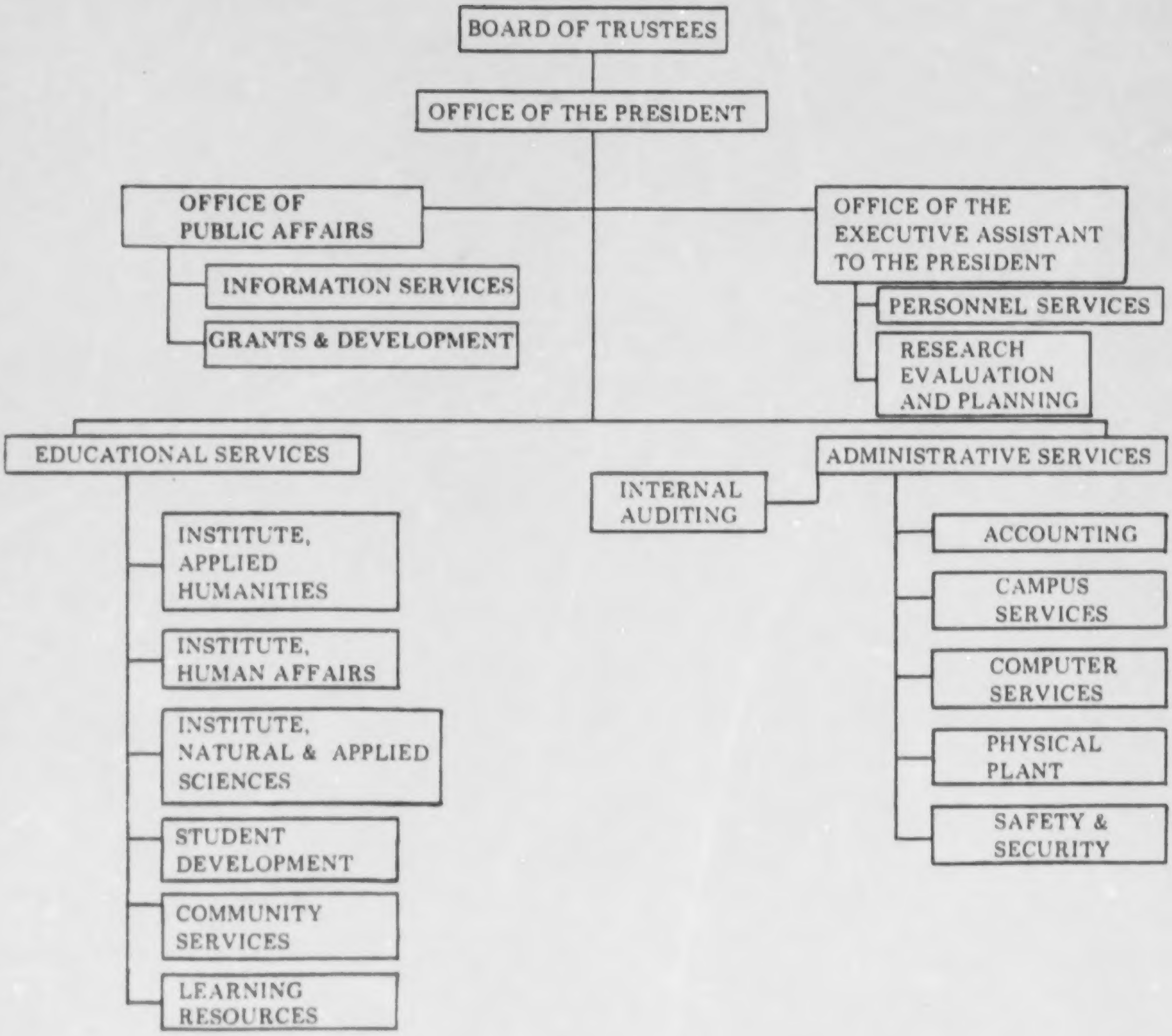

Board of Directors
Superintendent
Publicity & Public Relations
Administrative Assistant
Director of Business Affairs
Asst. Dir. of Bus. Affairs
Director Physical Facilities
Coor. Cust. & Maintenance Services
Assistant Superintendent Curriculum & Instruction
Assistant Superintendent Director of Personnel & Director of Centers
Assistant Superintendent Student & Institutional Services
Director Community Education
Director of Instructional Services (A&S V-T)
Director Student Personnel Services
Asst. Dir. Comm. Ed.
Dir. Elem. & Secondary Career
Dir. Lib.
Asst. Dir. Instruction Voc-Tech
Asst. Dir. Instruction Arts & Sci.
Data Pro.
Adm.
Reg.
Placement
Guidance
Financial Aids
Activities
Housing
Food Serv.
Athletics
Director Spec. Needs
Dept. Heads Voc-Tech
Dept. Heads Arts & Sci.
Coor. Comm. Ed.
Asst. Dir. Admissions
Asst. Reg.
Counselors
Program Coordinators
Instructional Materials
Book Store
Admissions Assistant
Student Health
Coor. of Housing Ser.
Asst. Dir. Stu. Act.
Head Resident
Faculty

Revised July 1981

Figure 6

BROOKDALE COMMUNITY COLLEGE

UNIT ORGANIZATION CHART


BOARD OF TRUSTEES
OFFICE OF THE PRESIDENT
OFFICE OF PUBLIC AFFAIRS
INFORMATION SERVICES
GRANTS & DEVELOPMENT
OFFICE OF THE EXECUTIVE ASSISTANT TO THE PRESIDENT
PERSONNEL SERVICES
RESEARCH EVALUATION AND PLANNING
EDUCATIONAL SERVICES
INSTITUTE, APPLIED HUMANITIES
INSTITUTE, HUMAN AFFAIRS
INSTITUTE, NATURAL & APPLIED SCIENCES
STUDENT DEVELOPMENT
COMMUNITY SERVICES
LEARNING RESOURCES
ADMINISTRATIVE SERVICES
INTERNAL AUDITING
ACCOUNTING
CAMPUS SERVICES
COMPUTER SERVICES
PHYSICAL PLANT
SAFETY & SECURITY

collaboration involves a change in communication styles. Networks that run well, do so when all channels are open to compromise. Rigid and inflexible thinking inevitably leads to "turf" problems. If followed, the following conditions should enhance the probability of successful interagency collaboration.

First, collaboration must be voluntary. External pressures such as financial cutbacks may catalyze the need for developing a network system. However, this is not enough. Successful collaboration requires a desire to become interdependent. Only when agencies have reached their own internal conclusion that collaboration is to their advantage can sufficient commitment of time and resources be generated to insure success.

Collaboration is by nature a democratic process. All of the services taking part in planning and implementation of ideas and programs need to be treated as equal partners. No one service should dominate, even if it has more resources, status or political power. Ideally, the emphasis will be directed to the common good.

Open network systems do not occur over night. Rather, they involve a considerable time investment. A sincere effort to develop collaborative relationships may start by discussing the issues revolved about this type of communication, and how much of a time commitment is involved.

Thus, healthy collaboration requires systematic planning. It will take time to build trusting relationships among all the services that are a part of the LCD program. Moreover, it also takes time to develop a realistic and mutually acceptable plan for collaborative action. All the members of this effort must take clearly defined steps to consider a broad range of options, objectively analyze the strengths and weaknesses in each option, and ultimately build consensus for a detailed plan of action that all of the services involved can support.

This section on networking described the philosophy or "mind-set" that is needed to develop professional associations. These more abstract notions supplement the concrete steps necessary to implement the LCD Program. It is these 12 steps that will now be discussed, and are illustrated in Figure 7.

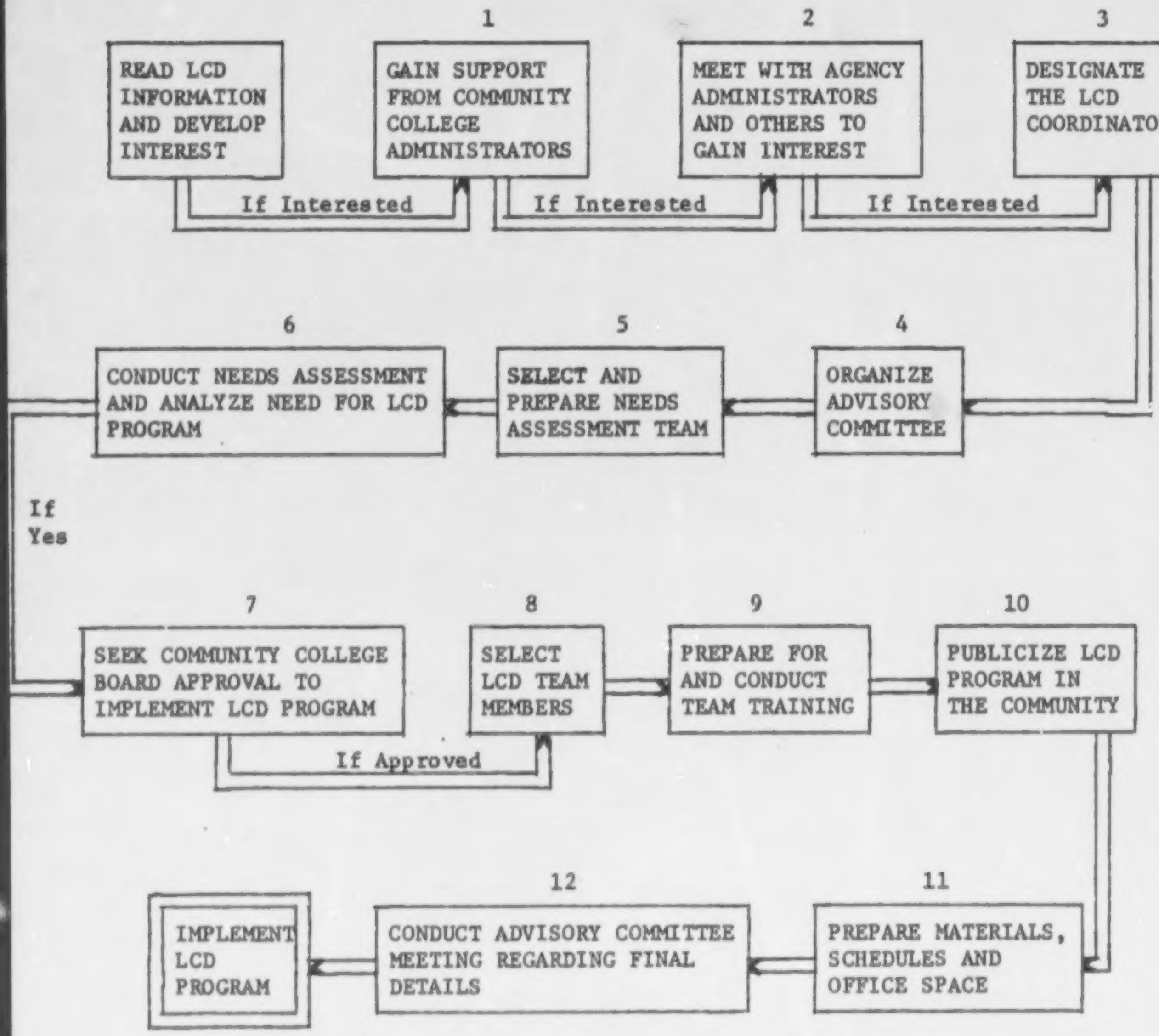

1
2
3
READ LCD INFORMATION AND DEVELOP INTEREST
GAIN SUPPORT FROM COMMUNITY COLLEGE ADMINISTRATORS
MEET WITH AGENCY ADMINISTRATORS AND OTHERS TO GAIN INTEREST
DESIGNATE THE LCD COORDINATOR
If Interested
If Interested
If Interested
6
5
4
CONDUCT NEEDS ASSESSMENT AND ANALYZE NEED FOR LCD PROGRAM
SELECT AND PREPARE NEEDS ASSESSMENT TEAM
ORGANIZE ADVISORY COMMITTEE
If Yes
7
8
9
10
SEEK COMMUNITY COLLEGE BOARD APPROVAL TO IMPLEMENT LCD PROGRAM
SELECT LCD TEAM MEMBERS
PREPARE FOR AND CONDUCT TEAM TRAINING
PUBLICIZE LCD PROGRAM IN THE COMMUNITY
If Approved
12
11
IMPLEMENT LCD PROGRAM
CONDUCT ADVISORY COMMITTEE MEETING REGARDING FINAL DETAILS
PREPARE MATERIALS, SCHEDULES AND OFFICE SPACE

Figure 7. Flow Chart Depicting the Steps in Implementing an LCD Program

GAIN ADMINISTRATIVE SUPPORT FROM THE COMMUNITY COLLEGE--STEP 1

Gaining support of top community college administrators is the first step toward initiation of the LCD Program. The process begins with this step because few programs are successful without this support.

Since procedures vary for establishing new community college programs, it is important to identify key decision makers and appropriate channels for consideration of the program. In many cases, an administrative committee reviews proposed programs and information about the LCD Program should be presented to this group.

In conducting this presentation, describe the goals and objectives of the program (see Chapter 3) and review the 12 preliminary steps for implementation depicted in Figure 7. Also, be prepared to address the following questions that administrators are likely to ask:

- How does the LCD Program relate to the mission of the community college and its long-range goals?
- What existing services and programs at the community college relate to the LCD concept?
- Under whose authority would the program fall within the administrative structure of the community college?
- What personnel and resources will be needed?
- What will be the time commitment of those involved in the program?
- What costs are involved in establishing the program and what funding sources are available?
- Why is this program needed?

Answers to some of these questions are in the HANDBOOK. Others depend upon circumstances within the community and the college.

If administrators agree to endorse further study of need for the program and its feasibility, proceed to the step discussed in the next section.

GAIN ADMINISTRATIVE SUPPORT FROM COMMUNITY AGENCIES--STEP 2

Promoters of the LCD Program, in conjunction with community college administrators, should arrange a meeting with directors of key human service agencies and others concerned about career development of disabled adults.

The purpose of this meeting is to explain the LCD concept and the perceived need for such a community-based program coordinated through the community college.

Those attending the meeting should include disabled individuals and/or their advocates. Representatives from the following agencies should be among those invited:

Vocational Rehabilitation
Social Service
Mental Health
Public Health
Employment Service
CETA
Bureau for the Blind
Special Education
Vocational or Technical Education
Sheltered Workshops
Institutions for Disabled Individuals

In presenting the LCD concept to representatives attending the meeting, discuss the following aspects:

- Review the goals and objectives of the LCD Program (Chapter 3).
- Explain how the LCD Program is designed to link, rather than duplicate, existing programs and develop services to fill unmet needs.
- Mention the need for a survey of disabled citizens to determine the extent to which they feel they need training and services relative to certain life skills (Chapter 5).
- Explain the LCD Program's focus on the 22 Life Centered Competencies identified through research as important for successful functioning in adulthood (Chapter 3).
- Review the LCD Model and the roles of the LCD Team and Advisory Committee (Chapter 3).
- Describe the community college's role in coordinating the LCD Program

Be prepared to answer the questions agency representatives and others attending the meeting are likely to raise. These include such questions as:

- Is such an additional service needed in the community?
- Why should the community college be the coordinating agency?
- What commitment is required from each agency?
- Will the program cost the agency money?
- Will the community college initiate new courses and services that are not currently available in the community?
- Will the LCD service take business away from the agencies?
- What are the benefits to agencies and organizations who participate in the LCD Program?

Some agency representatives may react defensively during discussion of the proposed program. They might misinterpret the LCD Program as an attempt to duplicate services or "tread on their turf." Try to clarify any misunderstandings and steer the tone of the discussion in a positive direction. Some individuals may require more time to consider the proposal before finalizing their opinions.

Before concluding the meeting, assess the degree of endorsement of the proposal and opinions as to its feasibility. If those attending appear to be supportive, explain the next steps as outlined in Figure 7 and get their recommendations for members of the Advisory Committee.

DESIGNATE THE LCD COORDINATOR--STEP 3

The LCD Coordinator is the key to successful development and operation of the program. After obtaining basic administrative support, the community college administration designates the LCD Coordinator. It is desirable for the coordinator already to be employed at the community college so the person has a working knowledge of the institution. Desirable personal characteristics and qualifications for the coordinator are described below:

PERSONAL QUALIFICATIONS

The LCD Coordinator should:

- Be self-motivated and self-directed.
- Be able to direct and work well with others.
- Be able to conceptualize and implement the LCD process.

- Possess good verbal and written communication skills.
- Be knowledgeable about public relations and the media.
- Exhibit good leadership.

DESIRABLE BACKGROUND

It is desirable for the LCD Coordinator to have:

- At least 2 years experience working at the community college.
- Knowledge of human service agencies in the community.
- Successful work experience.
- Knowledge of disabilities and the concerns of disabled people.
- A college degree in the human services field.

DUTIES

The position of LCD Coordinator should be full-time, at least until the program gets underway. It is preferable to appoint a community college staff member whose present duties resemble those expected of the coordinator. For example, the community college special needs coordinator or director of the handicapped students office might appropriately fill the position.

Under the direction of a community college administrator, the LCD Coordinator performs the following duties:

- Provide overall direction and coordination of the LCD Program including secretarial supervision, communication flow, records management and budgeting.
- Develop thorough working knowledge of HANDBOOK and RESOURCE GUIDE.
- Direct the needs assessment survey.
- Coordinate and/or conduct team training.
- Supervise various functions of the team.
- Conduct team meetings.
- Coordinate program planning.
- Represent the LCD Program at community college meetings and functions.
- Serve on community college committees concerned with student services.

- Communicate LCD Program activities to community college staff.
- Maintain contact with community agencies regarding the LCD Program and facilitate linkage of services.
- Develop promotional and informational materials about the program.
- Direct community awareness and public relations activities.
- Conduct program evaluation and write periodic progress reports.

In addition to the above responsibilities, the coordinator participates in the following activities:

- Recommend appointments to the team and Advisory Committee.
- Conduct initial orientation interviews.
- Assessment of LCD Program participants.
- LCD planning sessions involving the team and those involving the participant.
- Secure materials and information for inclusion in the RESOURCE GUIDE and Resource Collection.
- Provide consultation regarding career development of disabled adults.
- Develop and conduct training services.
- Provide advocacy services to disabled people focusing on facilitation of self-advocacy.
- Develop and conduct instructional opportunities for disabled adults.
- Write funding proposals.
- Speak to community groups about the LCD Program and related issues.
- Serve as a source for general information about career development of disabled people.

Although the above is not an exhaustive list of the LCD Coordinator's activities, it reflects the varied duties required of the position. The community college administration should select carefully a person who has the characteristics, skills and experience to coordinate the proposed program.

One of the first tasks of the newly appointed coordinator is reading the HANDBOOK and becoming familiar with the RESOURCE GUIDE. A working knowledge of both publications is necessary before the coordinator begins the next step toward implementation of the LCD Program.

ORGANIZE ADVISORY COMMITTEE--STEP 4

Selection of the LCD Advisory Committee is the next step so that preparation for the needs assessment can begin. The advisory committee can be a valuable asset for the team. Selection of an active, enthusiastic and cooperative committee is a boon to program development.

As described in Chapter 3, the roles of the Advisory Committee are to provide (1) Consultation, (2) Manpower and Expertise, (3) Resource Information, (4) Linkage of Services and (5) Community Support. To function effectively in these roles, the following composition and procedures are recommended for the Advisory Committee.

COMPOSITION

The committee should have 12-15 members with urban areas requiring at least 15. The following composition is recommended:

- Two or three community college administrators and staff members.
- Two or three disabled consumers representing different disabilities.
- Three to five agency representatives from Job Service, Vocational Rehabilitation, Social Service, CETA and others.
- One or more representatives from other educational organizations.
- One or more advocates such as representatives from United Cerebral Palsy, National Association for Retarded Citizens and others.
- One or more representatives of the medical field such as physical therapists, public health nurses, physicians and others.
- One or more representatives of clergy organizations.
- One or more employers.
- One or more local government officials.

In recruiting the committee, tell prospective members about the organization and procedures of the committee, the proposed program and the five roles of the committee. Well-informed committee members tend to be more committed and active.

PROCEDURES

The following procedures are recommended to facilitate continuity and productivity of the committee:

- Term of Service: Each member serves no more than three years with one third of the members rotating each year.
- Meetings: Meet when need arises but convene at least quarterly.
- Administration: The Advisory Committee elects its director and membership with recommendations from the LCD Coordinator.
- LCD Coordinator's role: The coordinator serves as executive secretary including organizing meetings, distributing agenda to members and recording minutes.
- Minutes: Send minutes of each Advisory Committee meeting to community college administration, administrators of all agencies involved in the LCD Program, Advisory Committee members and other important groups.

Select and Prepare Needs Assessment Team--Step 5

Based on Advisory Committee recommendations, the LCD Coordinator selects individuals to conduct the needs assessment survey in the community. Ideally, the needs assessment team represents a cross section of community agencies concerned with disabled adults. Some agencies may be reluctant to allow release time for staff members to conduct the survey during their regular work day. The administrative support generated in Step 2 should facilitate provision of release time to conduct the survey.

To prepare members of the needs assessment team, review in detail the **directions and forms of the Needs Assessment Packet** (Appendix G.) The LCD Coordinator conducts a training session to review materials, provide opportunities to practice administration of the Parts 1 and 2 of the survey, and answer questions. Interviewing skills must be reviewed and practiced as needed. It is the coordinator's responsibility to see that assessment team members are well prepared to conduct the survey.

CONDUCT AND ANALYZE NEEDS ASSESSMENT--STEP 6

The next step is conducting and analyzing the needs assessment survey using the packet of materials in Chapter 5. Allow no longer than four weeks to conduct the survey and return questionnaires to the coordinator.

For Part 1 of the survey, interview at least 20 persons of each disability group if possible. For some disability groups it may be difficult to identify 20 people. The Advisory Committee should be able to recommend disabled individuals who might participate. For Part 2, interview approximately 40 people representing community agencies, organizations, disabled adults, their families, community college faculty, staff and students, and others interested in resources and training relative to disabled individuals. The LCD Coordinator administers Part 3 to members of the LCD Advisory Committee.

The LCD Program derives many benefits from the needs assessment survey. These include:

- Ascertaining the extent to which the LCD Program is needed.
- Interacting with disabled individuals who may later wish to participate in the program.
- Building community awareness of the proposed program.
- Working together and building team spirit for future efforts.
- Providing opportunity to assess appropriateness of appointing members of the assessment team to the LCD Team.

After analyzing data according to directions in Chapter 5, present results of the survey to the Advisory Committee and selected community college administrators. Discuss the degree to which the program is needed. If the group recommends implementation of the program, approval should be sought from the Community College Board.

Seek Community College Board Approval--Step 7

Next, the community college needs to seek Board approval for implementation of a new program. The information required depends on the policies of the state where the community college is located. If the Board approves, a release statement from the President's office should ensue. This endorsement should include statements relative to the following:

- Placement of the LCD Program in the community college organizational structure.
- Physical location with mention of accessibility.
- Funding commitment.
- Timeline for implementation.
- Explanation that continuance depends upon results of periodic reviews of need and program effectiveness.
- Statement that designated community college staff members will be involved in operation of the LCD Program.
- Staff development activities will be provided to increase community college personnel's awareness and knowledge of disabled people and their needs.

Such a statement gives the LCD Program a solid foundation within the community college structure as well as the community. Community college staff will know the LCD Program is an integral part of college operations and they are expected to become involved as needed.

Select LCD Team--Step 8

The next step is selecting an LCD Team able to operate the program successfully. The team should represent a cross section similar to the Advisory Committee. The following composition is recommended:

- A minimum of three community college staff members including the coordinator.
- At least one disabled person.
- Two or three agency representatives.
- At least one advocate from an organization such as United Cerebral Palsy or state advocacy council for developmentally disabled people. (Note that one individual may represent two of the above categories.)

DUTIES

The overall responsibility of the team is implementation of the seven roles:

Career Assessment, LCD Planning, Resource Collection, Information Service, Training Services, Advocacy and Instruction. Team members' diverse responsibilities in implementing the program and the seven roles are described below:

- Have working knowledge of information in the HANDBOOK and RESOURCE GUIDE.
- Keep abreast of current information relative to specific responsibilities as a team member.
- Attend weekly team meetings and other LCD staff meetings.
- Participate in public relations activities and promotion of the LCD Program.
- Maintain records for use in program evaluation as directed by the LCD Coordinator.
- Participate in team training as a trainee and, if deemed appropriate by the Coordinator, as a trainer.
- Contribute ideas and feedback relative to program planning.
- Participate in Career Assessment of program participants as directed by the Coordinator.
- Contribute information and ideas during the Individuals LCD Planning process.
- Share information about resources for inclusion in the Resource Collection.
- Provide information in areas of expertise relative to the LCD Program.
- Participate in provision of Advocacy services to disabled individuals within the context of the LCD Program.
- Participate in development and provision of Instruction for disabled adults offered through the LCD Program.

Membership in the LCD Team demands hard work and considerable commitment to the program. It is important for administrators, whether at an agency or the community college, to endorse the team member's involvement in the program. Release time must be granted and participation on the team must be viewed as part of that person's regular job duties.

TRAIN LCD TEAM--STEP 9

Next, team training is conducted to prepare members to fulfill their duties. Responsibility for coordination and planning of the training rests with the LCD Coordinator.

Detailed suggestions for team training are presented in Chapter 8. Content and procedures for the training are presented in Part 3.

PUBLICIZE THE PROGRAM--STEP 10

As implementation draws near, substantial time and effort should be given to informing the community about the LCD Program. Effective publicity is essential to reach those individuals who can benefit from LCD services. Community awareness efforts are particularly important to reach disabled adults, many of whom currently may not be receiving any community services.

A multi-media approach using all available avenues is needed to reach disabled people and other target groups in the area. Chapter 7 explains publicity techniques and approaches to informing the community about the program.

PREPARE MATERIALS, SCHEDULES AND OFFICE SPACE--STEP 11

Before officially "opening" the LCD Program, attention must be given to the following areas:

- Prepare materials for use with participants including a brochure about the LCD Program and copies of materials for Career Assessment and LCD Planning.
- Arrange schedules so team members can afford weekly staff meetings and carry out other LCD duties. Also, establish tentative schedules for advisory committee meetings.
- Secure and prepare needed office space so the program has an identified location and necessary equipment and resources. Remember to arrange for use of a room in which interviews with participants can be conducted without interruption.

CONDUCT ADVISORY COMMITTEE MEETING--STEP 12

The last step we suggest before initiating the LCD Program is to meet again with the advisory committee to discuss final details for implementation.

Inform the committee about recent developments concerning organization and implementation of the program. Encourage input and feedback from the committee and allow opportunities for questions.

This meeting provides a chance to request the committee's help in promoting the program throughout the community. This can help in recruiting prospective participants.

Successful completion of these 12 preliminary steps lays the groundwork for implementation of the LCD Program. The team, with the advisory committee's guidance, should be prepared to carry out the seven team roles in accordance with the LCD Model.

CHAPTER 5

DETERMINING THE NEED FOR AN LCD PROGRAM: NEEDS ASSESSMENT

In the last chapter, the importance of a community needs assessment survey to ascertain whether or not (or to what extent) a Lifelong Career Development Program is actually needed was introduced. Some of the important questions that need to be answered are: (1) to what extent have disabled persons acquired the 22 life-centered career development competencies and other important goals (2) what are the unmet learning needs of these individuals, (3) to what extent are community groups and disabled people interested in participating in the seven roles, and (4) are community resources adequate to meet the career development needs of disabled people and those concerned with their well being?

This chapter will provide guidelines for conducting a comprehensive needs assessment for assisting the community in considering implementation of the Lifelong Career Development Program. We will present guidelines for training interviewers, identify the instruments to use, and provide a method of analyzing the results of the study based on the data gathered. The specified instructions for administering the forms and the instruments themselves are presented in Appendix G.

GUIDELINES FOR TRAINING INTERVIEWERS

Responsibility for coordinating the needs assessment lies with the LCD Coordinator from the community college (or other coordinating agency if different). The coordinator should select an assessment team comprised of community college and agency personnel. Members of the assessment team may become members of the LCD Team depending upon individual interest and performance during the needs assessment.

Some general guidelines for selecting interviewers and preparing them for the needs assessment are as follows:

- Select interviewers who are sufficiently interested that they have offered their services.
- Provide some kind of incentive: for college students this may be done by emphasizing skills gained, work experience (paid or unpaid)

that can be listed on a resume, or college credit. Skills and knowledge gained should be the primary incentive as this will be rather important in the students' employability.

- Training sessions should last three hours or less.
- Interviewers should comprehend the purpose and goals of the project and be able to state the expected outcomes.

TRAINING PROCEDURES

Training is provided to the interviewers for at least two reasons: (1) the interviewers must understand the program/project they are involved in and (2) the results need to be collected in a manner that is constant among the interviewers. Consistency is important because the results are to be used to identify the basis for service and program development.

PROCEDURES REGARDING PHYSICAL SURROUNDINGS

- Arrange for interviewing space where temperature is relatively comfortable and furnishings are appropriate; a table for use by both the interviewer and person being interviewed is necessary.
- Arrange the room so that the person being interviewed does not have glare in the eyes (such as sun shining on snow).
- Seating arrangements that places the person being interviewed at a ninety degree angle to the interviewer is usually less threatening than when placed directly in front of the interviewer.
- Interviews should be completed in an area free from interruptions such as telephone calls and persons walking by or speaking to interviewer and the person being interviewed.
- Have readily available any publications, posters, public relations articles, brochures that would reflect the positive image and importance of the LCD service.
- Contact your local project coordinator if a problem arises.

INTERVIEWER PROCESS

- The trainer should model the interviewing process to be used.
- Confidentiality of the material gathered as well as the identity of persons interviewed should be stressed.

- The interviewer should greet cheerfully the person to be interviewed, move to the interviewing area, and invite that person to have a seat in a designated chair or area.

- Interviewer should introduce him/herself and briefly explain the purpose of the interview.

- If the interviewer uses a tape recorder he/she must get the person's permission to do so. Taping frees the interviewer from having to write so much while interviewing but requires permission of the person being interviewed.

- Interviewer will follow the instructions for administration.

- Practice with feedback is very important.

- When very general or vague answers are given, the interviewer should ask for an example.

- Be sure to give the individual the opportunity to express himself or herself. Be patient and a good listener so that the individual's needs and interests can be accurately discerned.

TRAINING METHODS

- Trainer models the interviewer role.

  Trainer then explains the program and what the interviewer is expected to do.

- The trainees divide into twos or threes and role play an interview. When dividing into threes, the third person assumes the role of recorder and provides feedback to the other two persons. Then roles are switched until all have role played the interviewer role.

- The trainer checks the interviewing process by moving from one part of the room to another in order to be able to hear different individuals as they role play and also looks at the information written down to see that it is appropriate. In order for the recorded data to be considered appropriate it must meet the following criteria: be written legibly and include complete answers (all that the interviewee said). Recording of the total response must be emphasized.

INSTRUMENTS

The needs assessment packet is comprised of three parts for administration to three different groups. As indicated in the previous chapter, we recommend that at least 20 persons of each disability be interviewed for Part 1 (Competency and Interest Questionnaire), approximately 40 people representing different community groups for Part 2 (Training and Resource Needs Questionnaire), and that all members of the LCD Advisory Committee be interviewed for Part 3 (Community Resources Assessment). Each of these is described below.

COMPETENCY AND INTEREST QUESTIONNAIRE (PART 1)

This questionnaire is administered to disabled people to ascertain their perceived level of competency in 22 areas relating to daily living, personal-social, and occupational skills. The questionnaire also asks about the person's interest in receiving training relative to the competencies. The results of this assessment assist the community college and interested agencies in determining if needs exist and whether a substantial number of disabled persons desire training in these important skill areas.

TRAINING AND RESOURCE NEEDS QUESTIONNAIRE (PART 2)

This questionnaire is administered to professionals who work with disabled people, community college staff and students, employers, relatives and advocates of disabled people, and disabled individuals. This assessment ascertains the extent to which various groups are interested in the following as they pertain to disabled individuals: advocacy, training, information and informational resources. The results of this assessment assist the LCD team in planning training activities and support services.

COMMUNITY RESOURCES ASSESSMENT (PART 3)

This part is administered to the newly formed LCD Advising Committee, which consists of a cross-section of community college, agency, advocacy, employer and disabled groups. This assessment is conducted after Parts 1 and 2 are analyzed and a need for a LCD Program has been established. The Community Resources Assessment helps the LCD Team identify specific community resources relative to each of the 22 competencies and areas where services are deficient.

The instructions for the interviewer and the forms themselves are presented in Appendix G.

ANALYSIS OF DATA

COMPETENCY AND INTEREST QUESTIONNAIRE (PART 1)

Part 1 of the needs assessment identifies those areas in which disabled people report having low competency and high interest in learning. Analyze the data using the procedure described below:

1. Sort RESPONSE SHEETS into two groups: those who have attendants (based on Question #6) and those who do not. Using the same procedure for both groups, total and record responses separately. A blank copy of the Competency and Learning Assessment Chart can be used to tally responses.

2. Beginning with the "no attendant" group, for each of the 22 competencies, count the number of responses in the "Competency Assessment" column marked "yes" and the number marked "no."

3. For each competency, divide the number of "yes" responses by the total number of responses. The resulting percentage indicates the degree to which disabled people report ability to perform that skill.

4. For each of the 22 competencies, assign the obtained percentage of competency a category according to these guidelines:

   66-100% = High competency
   33- 65% = Medium competency
   0- 32% = Low competency

5. For each of the 22 competencies, count the number of responses in the "Learning Assessment" column marked "yes."

6. For each competency, divide the total number of "yes" responses in the "Learning Assessment" column by the total number of "no" responses in the "Competency Assessment" column. The resulting percentage indicates the level of respondents' interest in learning more about those competencies they reported being unable to perform on their own.

7. For each of the 22 competencies, assign the obtained percentage of learning interest a category according to these guidelines:

   66-100% = High interest
   33- 65% = Medium interest
   0- 32% = Low interest

8. At this point, based on the obtained percentages, each competency has been assigned two categories: (1) a category for competency and (2) a category for interest. Example: Competency 1: 35% competency, 68% interest--Low, High. Using the delegated categories, assign each competency to a section of the competency matrix.

9. Those competencies falling in the sections marked in the upper right corner are priority areas for services through the LCD Program. The order of priority is:

Low competency, High interest	1st priority
Low competency, Medium interest	2nd priority
Medium competency, High interest	3rd priority
Medium competency, Medium interest	4th priority

NOTE: Priority rankings are not given to competencies falling in other sections of the matrix.

10. Using the sheet entitled SUMMARY OF PART 1: COMPETENCY AND LEARNING NEEDS, record the data for each competency and assign priority ranks where appropriate.

11. Repeat the procedure for the "attendant group."

NOTE: Those competencies falling in the Low competency, Low interest section may have special significance for the group of respondents who have attendants. These individuals may be unable to perform certain compencies on their own and uninterested in learning because an attendant is providing satisfactory assistance or they are physically unable to perform the skill regardless of training.

TRAINING AND RESOURCE NEEDS QUESTIONNAIRE (PART 2)

Part 2 of the needs assessment is concerned with identifying the interests of four target groups relative to services and training offered by LCD Program. Analyze the data using the procedure described below:

1. Sort Part 2 questionnaires into the following four groups based on the category marked at the top of page 2.

Group 1: Professionals (consisting of agency personnel and community college staff)
Group 2: Consumer Representatives (consisting of disabled people, their relatives, advocates)
Group 3: Employers
Group 4: Community College Students

NOTE: If "Other" is marked, include the questionnaire in one of the four groups that seems most appropriate. If there are fewer than 10 respondents in any of the four groups, drop the group(s).

2. Using the same procedure for each group record responses for the four groups separately.

3. For each group, count the number of "yes" responses and "no" responses for the question under Item C on page 3, "Do you think such a program is needed?" Also, use the SUMMARY OF PART 2 sheet to record common themes found in the comments following the question.

4. Divide the number of "yes" responses by the total number of responses. The resulting percentage indicates the level of agreement within the group regarding need for the LCD Program. Record percentage on summary sheet.

5. Repeat process for the next question, "Do you think such a program is feasible in this area?" The resulting percentage indicates level of agreement within the group about feasibility for the program.

6. To analyze data from the first portion of the INTEREST CHECKLIST ("I would be interested in learning more about:") for each group, list on the summary sheet those topics checked by 50% or more of the respondents in that group.

7. To analyze data from the second portion of the INTEREST CHECKLIST ("If available, I would:"), calculate the percentage of respondents in each group who checked each item. Example: If 6 of the 12 employers surveyed indicated they would use a resource collection, 6 ÷ 12 = 50%. Record percentages on the summary sheet.

8. For the last item on the INTEREST CHECKLIST regarding training workshops, record any common themes among responses written in for each group. Note these on the summary sheet.

COMMUNITY RESOURCES ASSESSMENT (PART 3)

Part 3 of the needs assessment assesses adequacy of present resources to meet the identified learning needs of disabled people who responded to the survey. Part 3 also provides for gathering information about community services for inclusion in the RESOURCE GUIDE and Resource Collection.

Data from Part 3 can be analyzed in the following manner:

1. Sort RESOURCE MATRICES, completed during the group activity with the advisory committee, according to the three domains: Daily Living, Personal-Social, Occupational Guidance and Preparation.

2. For each competency, examine the matrices to determine whether services are available for each of the seven disability categories listed at bottom of the page. Note any deficient areas on the SUMMARY OF PART 2 sheet.

3. Gather those Part 2 questionnaires which have item 3 (on page 2) completed. Examine the information to determine whether any agencies or organizations surveyed earlier provide services relative to deficits suggested by the RESOURCE MATRICES. If needed, make changes on the summary sheet.

4. Compare service deficiencies relative to the 22 competencies identified in Part 3 with the high priority competencies identified in Part 1 (see COMPETENCY MATRIX). Note those competencies associated with both service deficits (Part 3) and high priority (Part 1).

Date: ____________

SUMMARY OF PART 1:
COMPETENCY AND LEARNING NEEDS

Check One:
Attendant Group_____
Non-
Attendant Group_____

	Competency Level			Interest Level			
The 22 Competencies	%	(H.M. or L)	+	%	(H.M. or L)	=	Priority Rank
Example 1. Manage Family Finances	35 %	L		68 %	H		1
1. Manage Family Finances	%			%			
2. Select & Maintain a Home	%			%			
3. Care for Personal Needs	%			%			
4. Family Living & Child Rearing	%			%			
5. Plan, Buy & Prepare Food	%			%			
6. Buy & Care for Clothing	%			%			
7. Engage in Civic Activities	%			%			
8. Use Recreation & Leisure	%			%			
9. Get Around the Community	%			%			
10. Achieve Self-Awareness	%			%			
11. Achieve Self-Confidence	%			%			
12. Be Socially Responsible	%			%			
13. Maintain Good Relationships	%			%			
14. Achieve Independence	%			%			
15. Achieve Problem Solving Skills	%			%			
16. Communicate With Others	%			%			
17. Know Occupational Possibilities	%			%			
18. Plan Occupational Choices	%			%			
19. Show Appropriate Work Habits	%			%			
20. Have Physical-Manual Skills	%			%			
21. Obtain a Specific Job Skill	%			%			
22. Seek & Maintain Employment	%			%			

Competency Level:	Learning Interest:	Priority Ranks:
66-100% High Competency	66-100% High Interest	1st Low Competency, High Interest
33-65% Medium Competency	33-65% Medium Interest	2nd Low Competency, Medium Interest
0-32% Low Competency	0-32% Low Interest	3rd Medium Competency, High Interest
		4th Medium Competency, Medium Interest

COMPETENCY MATRIX

Competency	Learning Interest High	 Medium	 Low
Low	1st priority	2nd priority	
Medium	3rd priority	4th priority	
High			

Date: ____________

SUMMARY OF PART 2:
TRAINING AND SERVICE NEEDS

Check One:
Professionals ____
Consumers ____
Employers ____
Community College Students ____

NEED FOR PROGRAM:

1. ____% of group agreed such a program is needed.

Comments: ____

2. ____% of group agreed such a program is feasible in this area.

Comments: ____

LEARNING INTERESTS:

3. 50% or more respondents in the group reported interest in learning more about:

1) ____________________.
2) ____________________.
3) ____________________.
4) ____________________.
5) ____________________.
6) ____________________.
7) ____________________.
8) ____________________.
9) ____________________.
10) ____________________.

USE OF SERVICES:

4. ____% of group reported they would use a resource collection.
5. ____% of group reported they would use a consultation service.
6. ____% of group reported they would attend a training workshop.

Training topics of interest: ____

Date:

____

SUMMARY OF PART 3:
RESOURCE NEEDS

Mark columns below to indicate deficits in services for disability groups relative to the 22 competencies.

	Disability							
Competencies	CP	Ep	HI	MR	OH	VI	MH	Other
1. Manage Family Finances								
2. Select & Maintain a Home								
3. Care for Personal Needs								
4. Family Living & Child Rearing								
5. Plan, Buy & Prepare Food								
6. Buy & Care for Clothing								
7. Engage in Civic Activities								
8. Use Recreation & Leisure								
9. Get Around the Community								
10. Achieve Self-Awareness								
11. Achieve Self-Confidence								
12. Be Socially Responsible								
13. Maintain Good Relationships								
14. Achieve Independence								
15. Achieve Problem-Solving Skills								
16. Communicate With Others								
17. Know Occupational Possibilities								
18. Plan Occupational Choices								
19. Show Appropriate Work Habits								
20. Have Physical-Manual Skills								
21. Obtain a Specific Job Skill								
22. Seek & Maintain Employment								
Total								

CP Cerebral Palsy
Ep Epilepsy

HI Hearing Impairment
MR Mental Retardation

OH Orthopedic Handicap
VI Visual Impairment

MH Multiple Handicap
Other--Use this colum
if other disability
groups also were
surveyed.

CHAPTER 6

ADMINISTRATIVE CONSIDERATIONS

Several administrative aspects of the program require ongoing effort and planning. These include maintenance of administrative support, funding, ethical issues and replacement of program staff. This chapter provides practical guidelines and suggestions for efficient administration of these areas.

MAINTENANCE OF ADMINISTRATIVE SUPPORT

As mentioned in Chapter 4, cultivation of administrative support is a first step toward implementing the LCD Program. However, gaining support is only the initial phase. Careful planning is required to build and maintain the support that is essential to program success.

KEY ADMINISTRATORS

The first step involves identification of key management and administrators of the community college and in the community as discussed in Chapter 4. At the community college, these include the Board of Directors, President, Dean of Instruction or equivalent, administrator of continuing or community education programs and administrator of counseling services. In the community, these include regional and local administrators of key agencies, chairpersons of consumer or advocacy groups, and management of appropriate business or industry. When recruiting new team members, identify the administrators and managers whose support is required.

TECHNIQUES

Once key management and administrators are identified, plan ways to advance and maintain their support. The approaches described below can promote positive attitudes toward the LCD Program.

Plan Strategy Through written communication, phone contacts and personal interactions, assess the level of support from each administrator. Use this information in planning a strategy to maintain strengths and build support in weak areas.

Before contacting administrators, consider the relationship between goals of the LCD Program and goals of the organization or division of the college that you are approaching. In contacts with administrators, focus on areas of mutual interest and accentuate the program's gains toward achieving common goals.

Communicate Progress Keep administrators abreast of the program's accomplishments. Newsletters are a convenient medium for communicating activities and progress. Also, it may be appropriate to distribute the minutes of certain meetings. To provide personal contact, the LCD Coordinator and/or the team should meet periodically with administrators, individually or in a group. A luncheon meeting is often a welcome variation of the usual format.

Recognize Participation Contributions of team members, advisory committee members and other LCD Program staff should be formally recognized whenever appropriate. For example, as team or advisory committee members end their participation in the program, write a letter acknowledging their contribution. Send a carbon copy to the individual's immediate supervisor and the appropriage administrator.

Acknowledge the cooperation of agencies, organizations and the community college when promoting the LCD Program. Organizations and institutions usually appreciate this positive visibility in the community.

FUNDING

Many ongoing administrative considerations that relate to funding will depend upon the funding source--whether it is federal or state monies, private or corporate foundations, or the community college. However, regardless of the source, it is essential to maintain accurate record keeping and thorough documentation of program activities, accomplishments and "spin off" benefits.

MEASURES OF EFFECTIVENESS

From the onset, determine the measures of program effectiveness required by your funding source(s). For example, one funding source may seek specific cost effectiveness data while another may examine attainment of behavioral objectives. Be sure your program evaluation procedures will yield the necessary information.

PROGRESS REPORTS

Most funding sources require periodic progress reports. Acquire information about the schedule and contents of reports as soon as possible and plan your evaluation efforts accordingly. If periodic reports are not mandatory, it may be appropriate to submit reports voluntarily to communicate progress.

RECOGNITION

Many funding sources desire recognition for resources they contribute to community efforts like the LCD Program. Check with the administrator(s) of your funding source(s) to determine whether visibility is desired. If a source wishes to be recognized, be sure to give acknowledgement in printed materials such as brochures, newsletters and posters and in community awareness efforts such as radio and television announcements and slide-tape presentations.

ETHICAL ISSUES

The conduct of the LCD staff, including team and advisory committee members, must be in accordance with ethical standards of the helping professions. Project staff should adhere to the following guidelines drawn from ethical standards of the American Personnel and Guidance Association, National Rehabilitation Association and American Psychological Association.

STANDARDS OF CONDUCT

The participant's welfare is the primary concern of the LCD staff. Service to individuals and society must be held above personal gain, and each member of the LCD staff must expect ethical behavior from fellow associates.

PARTICIPANT INVOLVEMENT

The participant is to be considered a co-manager with the team in decision-making and preparation of the Lifelong Career Development Plan. Any conditions that the participant must meet are to be specified prior to entering the program.

STAFF MEMBER QUALIFICATIONS

LCD staff members should not claim or imply professional qualifications exceeding those possessed. Staff members are responsible for correcting any misinterpretations of qualifications by others. If team members, either individually or collectively cannot provide adequate assistance, they will refer the participant to an appropriate professional.

PROFESSIONAL DEVELOPMENT

LCD staff members should seek professional development, individually and as a group, to increase competence in serving people with disabilities.

CONFIDENTIALITY

Information about participants shall be shared with individuals outside the staff *only* when the information is to be used for professional purposes. Written permission from the participant is always required. This holds true even if the participant's name is withheld. Especially in small communities, an individual often can be identified by description of his or her situation.

LCD Team members reserve the right to consult with one another so long as this does not place the team member or participant in a conflict of interest. For example, the team member consulted must be free of any other obligatory relation to the participant that would preclude involvement in the situation.

Written records should be kept in locked files. Only team members should have access to the records. If a participant wishes to see his or her file, a team member should be present to explain the records and answer questions.

Confidentiality of information does not apply to situations where in the participant may be harmful to self or others. In this situation, notify appropriate authorities.

LIABILITY

In light of current trends toward accountability, LCD staff members--particularly members of the team--should be aware of the liability issue. Since laws vary by state, consult with a lawyer to determine what steps, if any, are required to protect the staff.

Written records may be subject to subpoena. As a precaution, carefully select the information to be written in case records. Do not record information that may be harmful to the participant and avoid reporting value judgements or opinions as fact. Use phrases like "in my opinion" or "according to the opinion of the staff" to preface evaluative information.

REPLACING PERSONNEL

Turnover in staff membership is inevitable. From the onset, the team needs to establish policies for replacing team and advisory committee members. The following are guidelines to aid in the process.

LCD COORDINATOR

Replacing the LCD Coordinator demands substantial training and careful coordination and planning to keep the program in operation during the transition For these reasons, as mentioned in Chapter 4, care should be taken to select a coordinator who will be able to hold the position for a period of time.

When turnover occurs, a member of the team should be chosen to coordinate the program temporarily. Although many of the coordinator's specific duties may be shared among team members, the program must have a designated leader until a permanent replacement is selected.

LCD TEAM MEMBERS

Team members should have enough knowledge about one another's responsibilities and activities to be able to handle, at least temporarily, the void created when a member leaves. This is facilitated by the team training conducted according to the 11 modules in Part 3 of the HANDBOOK that cover most aspects of the program.

The times that original members of the team leave just be staggered so the team always has several experienced members. Early in the program, original members should consider the length of time they can serve so turnover can be staggered.

A term or length of team membership should be established by the team. This informs new members of the length of their commitment and facilitates orderly changes. Be sure to make the term long enough to warrant the time and effort required to train new team members.

In selecting new team members, maintain a balance of representatives from the community and the community college and be sure at least one disabled person is serving on the team. Departing members may be able to recommend replacements from their organizations. Also, active and interested advisory committee members often make good recruits.

New members will require an orientation to the LCD Program including the LCD Model, team and advisory committee roles, community college resources, and current program activities. MODULE THREE, "The LCD Model," in Chapter 11 may be used to orient new team members.

Always make substitute arrangements to fulfill team commitments in the event team member(s) cannot follow through with a scheduled activity. For example, if a team member has agreed to speak at a Chamber of Commerce Luncheon, another member of the team should be available and prepared to fill in if the person unexpectedly cannot attend. This back-up system is important because the program's reputation in the community depends, to some extent, on the team's reliability in fulfilling commitments.

LCD ADVISORY COMMITTEE MEMBERSHIP

We recommend that each advisory committee member serve no more than three years. One third of the members rotate each year.

In selecting replacements, maintain a balance of consumer, community, and community college representatives. As a member leaves the committee, you may wish to recruit another representative from the same agency. As the team gets involved in the community, look for enthusiastic and knowledgeable individuals who might agree to advisory committee membership.

Orient new advisory committee members to the LCD Program. As mentioned before, MODULE THREE, "The LCD Model" (presented in Chapter 11) can be used to train new members. Also specify the roles and responsibilities of advisory committee members and the time commitment involved. As mentioned before, well-informed committee members tend to be more committed and active.

In conclusion, the administrative considerations described in both this chapter and Chapter 4 should be taken seriously. To some people these may not be the favorite or desirable aspects of working for an LCD Program. Yet, an understanding of this structure by team members is imperative in order to insure proper maintenance of the program. Moreover, once genuine collaborative relationships have been established with other staff members, administrative considerations usually stop being a chore and become pleasantly integrated in a day's work.

CHAPTER 7

COMMUNITY AWARENESS

The ultimate purpose of a public relations or community awareness campaign is to inform and enlighten an audience about a specific activity, topic or service. Since many organizations and programs depend on public support for their existence, effective public relations is an integral component in planning and implementation.

It is important to utilize media to promote program goals in positive, constructive ways. Community awareness campaigns dealing with disability-related issues require careful attention to language and the attitudes being conveyed.

This chapter covers public relations activities specific to the LCD Program, conventional and alternative types of media and a section for quick reference on how to use the media.

COMMUNITY AWARENESS AND LCD PROGRAM

The community awareness activities to promote the LCD Program will focus primarily on three areas: increasing awareness of the program in the community, recruiting participants from the disabled population, and advertising specific activities. By planning a campaign, the LCD Team determines how these aspects of the program will be presented to the community.

PLANNING A CAMPAIGN

Plans for a community awareness campaign can range from development of a brochure to creation of a multi-media advertising program. Budget and available resources determine flexibility in planning a campaign.

A campaign plan includes the following:

- activity
- date(s) to be completed

- person responsible for implementation
- contact person
- necessary resources

The purpose of a plan is to give direction to the campaign; therefore, it should be in writing and referred to consistently. Team members should discuss any changes or modifications.

CAMPUS P.R.

Many community college campuses have public relations departments which handle all activities relating to campus events. In this case, a designated team member should work with that office, utilizing the campaign plan developed by the team.

Many community colleges also have a department responsible for reviewing all PR activities originating within the college. In this situation, close communication between the department and the team is necessary to ensure smooth operation of campaign activities.

CONTACT PERSON

An effective campaign needs a specific person to oversee operations and keep activities in line with the plan. This individual also serves as the contact person who consistently communicates with the media used during the campaign. The LCD Coordinator may be most appropriate for this role.

This section has covered aspects of public relations of primary importance in planning a campaign to promote LCD activities. The following section provides an overview of media available to meet the needs of that campaign.

TYPES OF MEDIA

MEDIA PERSONNEL

Always remember that media personnel are in a competitive, profit-making business. To establish a mutually satisfying relationship, you must meet their deadlines, get information to the correct staff members and submit only newsworthy items prepared according to the required format.

Develop and maintain contacts with editors and reporters from various media. Personal contacts can generate a more enthusiastic interest in your program and increase the media's responsiveness to your public relations efforts.

NEWSPAPERS

Newspapers can very effectively promote a program and its goals. They are accessible, responsive to the community, and read by a wide cross-section of the population.

It is important to reach the proper staff person with a story or press release. When dealing with smaller daily newspapers, the contact person is the News Editor, who is responsible for assigning staff writers to stories. Larger city newspapers may have several news editors and the person to contact is the City Editor. Remember--newspapers are in business to print news; worthy causes are not always newsworthy. Examples of some exciting press releases written by Brainerd Community College are presented in the next two pages.

A feature story can be effective in promoting awareness of a program, issue or activity. These stories are entertainment-oriented and can be written as a different slant on a "hard news" story. In letters or phone calls to the Feature Editor, stress the human interest aspect of the story. The editor will assign a staff writer to develop the story if it is in line with his or her needs.

The campus newspaper is another important resource. Students on these papers are often eager for experience covering campus-related events. Contact with editors in the various departments should be developed and maintained.

RADIO

News Programming Some radio stations have a limited ability to broadcast news releases from the community because they take news straight from a wire service. Check with local stations about their formats, interests and

Brainerd (MN) Daily Dispatch Photo

CITIZENS STATE BANK President Marvin Campell (far left) recently presented a $14,400 grant to the Brainerd Community College on behalf of the Otto Bremer Foundation. Accepting the award are (from left to right) Dr. Curtis Murton, president of the college and Neva Williams, campus coordinator for the handicapped. (Daily Dispatch Photo)

BCC receives Bremer Foundation gift

Marv Campbell, president of the Citizens State Bank, is shown presenting a grant of $14,400 to the Brainerd Community College (BCC) on behalf of the Otto Bremer Foundation.

The grant was accepted by Dr. Curtis Murton, president of the Brainerd Community College, and Neva Williams, campus coordinator for the handicapped.

The purpose of the grant is to further a current project in life-long career development for the severely handicapped.

Brainerd Community College is one of three colleges in the United States selected to participate with the University of Missouri in a three year project designed to determine the needs of the handicapped in the area of education, vocational, social and personal competencies. These needs will be addressed through workshops, courses and other services provided for the handicapped by the college and participating community agencies.

A survey of the handicapped and their families was completed this past spring and the results were compiled by the University of Missouri. This information is available upon request.

Some of the activities accomplished to date are facilitated admission and enrollment of handicapped students, a summer recreation program for members of the Paul Bunyan Day Activity Center and an internship provided at the college for Steve Larson, a handicapped student, who will be working towards a master's degree in vocational rehabilitation.

A workshop for the handicapped and interested persons is being planned for late October. Further information will be available soon.

Members of the committee are: Diane Swensen, Paul Bunyan Day Activity Center; Carolyn Krautkremer, St. Joseph's Hospital; Darrel Mathieu, Minnesota Employment Services; Wendell Harms, Minnesota C.E.P.; Gary Baumgartner, Crow Wing Co. Health Services; Jim Daly, Crow Wing County Social Services; George Kleinschmidt, Division of Vocational Rehabilitation; George Hontos, Comprehensive Epilepsy Program; Cheryl Rannow, Minnesota Epilepsy Program; Ralston Dubois, Services for the Blind; Norm Andresen, Special Education; Kurt Haglund, Sheltered Employment Center; Mark Hanson, Northern Pines Mental Health; Dick Endres, Camp Confidence; Bob Krell, Potlatch Inc.; Lucille Shaw and Charles Spencer.

Ms. Williams may be contacted at the college for more information by calling 828-2525, extension 25.

By TOM CRAWFORD
City Editor

A 54-year-old college student is not unique these days.

Neither is it unique for a student to actively pursue causes that interest them.

So it shouldn't be considered unique for Inez Giles, a Brainerd Community College older student about to graduate, to be involved in groups such as the Able-Disabled, or to be a part of a special eight-member team at BCC that's one of only three such programs in the country. What is unique is that she's accomplishing this while confined to a wheelchair, a handicap she's lived with for 18 years.

She's also the mother of eight children, all but the youngest, a 10-year-old, now grown and away from home.

It's evident she has adjusted to living with multiple sclerosis, a disease for which there is no known cure or cause. The disease is now at a "plateau," she said, meaning it is getting neither better nor worse.

MS attacks the myelin, a fatty substance surrounding parts of the central nervous system, leaving scar tissue that blocks nerve impulses, causing gradual paralysis. Although she is able to use crutches at home, Mrs. Giles has to rely on a wheelchair for moving any real distance.

She had to rely on that wheelchair considerably on a recent trip to the University of Missouri at Columbia, where she and other members of the BCC handicapped career development team spent four days in workshops and other sessions.

The group, called Life Long Career Development (LLCD) is a part of a three-year project at BCC. The eight members, five handicapped and three able-bodied members, have as their main purpose increasing awareness of the handicapped in today's society.

Mrs. Giles, wheeling down the hallway or through a doorway with ease, is a familiar sight at the community college. She said she originally came to BCC because of the speech program there, wanting only to take a few courses to help her speak to groups. She was a member of the state North Star MS chapter's speaker's bureau and felt she needed the coursework.

IN CLASS — Mrs. Inez Giles, a victim of multiple sclerosis for several years and a senior at Brainerd Community College, listens to a lecture in a BCC class last week. She is one of approximately 5,500 handicapped people in the north central area of the state who will be observing Handicapped Awareness Week this week with special interest. (Dispatch Photo by Steve Kohls)

Now three years later she's about to get her Associate Degree. She earned that degree without any public assistance other than loan programs that are available to all students.

"I've always wanted to go to college but I never had the opportunity to do it," she said. "I feel it makes a person more rounded, more competent."

She has no definite plans after graduation. She would like to find a part-time job as a receptionist or other office work, but she realizes that her handicap and a part-time job are two marks against her.

At first she noticed some resentment toward her at BCC. Other students, she said, seemed to take a "What's a woman like her doing here in school" attitude. But after a while, she added, "They realized we should be a part of what's going on."

"I feel it's very important that disabled people show that they want to be a part of the community, they have to be visible."

Sometimes they may even have to apply a little pressure or lobby for what they want, "without causing any problems, we hope," she said. Mrs. Giles and other handicapped people recently attended a session with architects and engineers who are designing the new airport terminal building.

"We really had some good input out there," she said with a smile.

She's also working to promote the cause of the handicapped this week during Handicapped Awareness Week, May 18 - 24. Members of the Able Disabled group will be appearing on local radio talk shows, discussing such concerns as transportation, accessibility and awareness.

Other events include a special session at 2 p.m. Thursday at the community college entitled "What's It All About." Featured will be Karl Kassulke, a former Minnesota Vikings football player, and other handicapped personalities.

"It Could Happen To You" is the theme of this year's Handicapped Awareness Week, but it's not meant as a scare tactic. Mrs. Giles, who for many years was a secretary at General Mills in Minneapolis, is typical of handicapped people in that her illness affected other people's lifestyles as well.

"MS involves the whole family," she said. It takes some time for the victim to adjust to the situation, and for the victim's family. "I think it takes them longer to adjust than it does you," she said, adding that her husband, a semi-retired mechanic, has adjusted quite well to doing housework and other chores she no longer can handle.

"I have a wonderful husband," she said, a few moments before Dick Giles arrived to pick up his wife after a day of classes.

abilities. Here again, it is important to develop contacts with news directors to assess their needs.

Public Service Announcements Radio and television stations are mandated to often allocate a certain portion of air time to organizations that operate for the public good. A Public Service Announcement can be presented in the form of an announcement, a script or an audio tape. Stations often list all community events together and read them periodically throughout the day. Contact the station regarding guidelines and format before submitting a script or audio tape.

Talk Shows Talk shows particularly are heard by people who spend a lot of time at home. For this reason, talk shows are particularly effective in communicating information to those disabled persons who are homebound.

To participate in a talk show, contact the show's host or producer. If chosen as a guest, be prepared by knowing the host's style and attitude toward the subject. The show may include another guest representing a different viewpoint to balance the discussion.

Call-in shows are often used by stations, which require you to be prepared for many types of audience response. If friends or colleagues call in previously prepared questions, they should attempt to sound unrehearsed.

TELEVISION

As with radio stations, local television stations may follow the network's format. To get coverage from a local station, the event must be visual enough to come across over the camera. The story also must be accessible to the news crew.

A "tip sheet" enhances your chance to get coverage from a television station. It should include a brief description of the event, time, date, location and mention of why the story is important. Tip sheets should be sent to the assignment editor, preferrably a week prior to the event. Be sure to specify any provisions made for the press and the visual elements of the event.

The TV talk show is another media event that can add visibility to your program. To get on the show, send a letter to the producer stating the topic and reasons why the audience would be interested. If selected for a show, send a fact sheet to the host for briefing prior to air-time.

MAGAZINES

Unlike newspapers, magazines appeal to a more specific audience, but circulate across a wider area. To use magazines in a PR campaign, you must closely scrutinize their format, size and readership. If a magazine seems especially suited to your needs, send a "query letter" to the editor. This letter simply describes the story and how it fits with readers' interests. If the editor is interested, you may choose to write the article or ask for a staff writer. Be aware that an editor who agrees to accept a story "on speculation" may not publish it.

If a staff writer is assigned to work with you or your group, offer cooperation and input and suggest other sources that support your focus. Most writers want to explore a variety of contacts and will appreciate suggestions.

Another option is to contact a freelance writer with a good reputation in media circles. Ask whether he or she is interested in writing the story, which later would be sold to the media. This method has the advantage of the freelancer's credibility and objectivity.

ALTERNATIVES TO CONVENTIONAL PR

Having used conventional media to build a solid foundation in your campaign, the following resources may be explored. Available time, finances and commitment influence your use of these options.

Bulletin Boards Bulletin boards can be used to display information about the program. They also provide a highly visible spot for posting notice of a program event.

Newsletters Newsletters can effectively disseminate program content to colleagues, participants and interested persons in the community. They can be relatively inexpensive if printed, mimeographed or photocopied by the college and bulk mailed.

USING THE MEDIA

GENERAL TIPS

- Don't select a contact person who is too busy to be contacted.
- Know the names of people who can help with PR; develop contacts with media people.
- News can be an old story with a new or different twist.
- Names make news--an activity becomes newsworthy if a local celebrity participates.
- Stress the human interest aspect in stories and photographs

WORKING WITH MEDIA PEOPLE

People working in the media are in business--it's their job to produce and market the news. Make both your jobs easier:

- Meet their deadlines.
- Route information to the correct staff members.
- On the copy you submit, indicate whether it is a routine calendar event or a press release.
- Mail information; use a phone call as a last resort.
- Take responsibility for informing the media of news about your organization.
- Develop and maintain personal contact with editors, producers and directors.
- Be certain that what you offer is really newsworthy.

EFFECTIVE PRESS RELEASES

- State the five Ws--Who, What, Where, When, Why--at the beginning of a press release.
- Write concisely, stating facts and points of interest.
- Keep it brief (1 or 2 pages).
- Put the name, address, phone number of your contact person in the upper right corner.
- Put the date of the release in the upper left corner.
- Use exact dates (not "this Wednesday").
- Use standard 8½ x 11 paper.
- Type each release individually or photocopy; never distribute carbon copies.
- Double-space and allow enough margin space for editor's markings.

PUBLIC SERVICE ANNOUNCEMENTS

- Contact station regarding requirements for length and format.
- Radio scripts should be paced at 25 words for every 10 seconds.
- TV scripts should run 20 words and one slide for every 10 seconds.
- Slides should be 35mm color in a horizontal format.
- Focus attention on the middle of the slide to allow for "cropping."
- Give both the total word and time counts in the script.
- Double space the copy.
- "Write for the ear." Remember, your message is going to be heard, not read, so make sure it sounds appealing and is easy to understand.

Public Service Advertisements Many city transportation systems allow public service advertisements in buses and subways. If cleverly designed, the "ads" can reach many people on a regular basis.

T-Shirts, Bumper Stickers and Buttons These are more costly but have the advantage of commercial appeal. The program logo or eye-catching graphics can help tie them with the campaign.

Displays Set up displays at fairs, shopping centers, and campus or community events. A team member should be available at the display to answer questions and distribute literature.

Brochures The LCD Program should have a brochure describing the program. You can use a question and answer format that addresses some common inquiries regarding the program and its services. Distribute brochures to agencies, conferences, schools and hospitals and give to prospective participants after the orientation session. An attractive format and creative graphics contribute to the brochure's effectiveness (see brochure written by Iowa Central Community College on the next page).

Speaker's Bureaus Many communities have speakers' bureaus set up by the Chamber of Commerce or similar organization. List one or more team members with the bureau as speakers to discuss the LCD Program, disabilities, or related topics. If your community has no such service, consider starting a bureau by recruiting from the team and contacting "experts" on various topics throughout the area.

Gift Book Program A gift book program has several advantages. It provides a way to 1) obtain instructional materials and resources for the program, 2) advertise the program in a unique way and 3) give people opportunity to feel they have contributed to the services. A gift book program asks people to donate materials, or money to purchase materials, from the community. Donated items are then "dedicated" to the donor with the name on a bookplate or similar marker. These materials can be added to your Resource Collection, used for instruction or incorporated in a training program.

Local Weekly Magazines Many communities have weekly magazines or newspapers which give free or inexpensive advertising to local organizations. Contact this source to promote a specific event or run an ad over a period of time.

QUESTIONS AND ANSWERS ABOUT THE PROGRAM

WHAT IS THE LIFELONG CAREER DEVELOPMENT (LCD) PROGRAM?

The LCD program is an effort by all of the agencies of the area to provide a special service for you. The agencies are interested in you as a contributing member of our society. To be a contributing member you may need the services of the Lifelong Career Development Program. The program will assist you in identifying your career goals and will aid you in finding a training program that can lead to job placement. The LCD program is designed to help you in development of your lifelong career goals.

WHAT KIND OF ASSISTANCE CAN I RECEIVE?

Many kinds of help are available. Counseling, college short courses, vocational programs, college arts and science courses, assistance from the Department of Social Service, assistance from Rehabilitation Education Service Branch (RESB). The LCD team member can provide full information about the services available to you and assist you in your career and living general needs.

WHO WILL HELP ME?

Assistance is provided by a team of seven individuals each of whom has been specially trained to provide the full service available to you from all agencies. These individuals are interested in you. They care. They understand.

WHERE DO I GO? WHOM CAN I CONTACT? AM I ELIGIBLE?

Call the telephone number on this brochure OR write to the address.

WHAT IS THE ORIENTATION/ASSESSMENT PROCESS?

Orientation and assessment is a process of consulting with a team member about your goals and ideas of what you would like to do with your life. The time needed depends on what you want to do. It could take 45 minutes or days.

CAN I BRING A FRIEND OR A RELATIVE TO THE ORIENTATION PROCESS?

Yes, by all means. Bring a friend, bring your wife, bring your husband, bring your child, bring a relative or a friend. We urge you to bring a friend who can help you to plan your career goals.

AREA EDUCATION AGENCY 5 ARROWHEAD

In cooperation with –
Department of Counseling and Personnel Services
University of Missouri

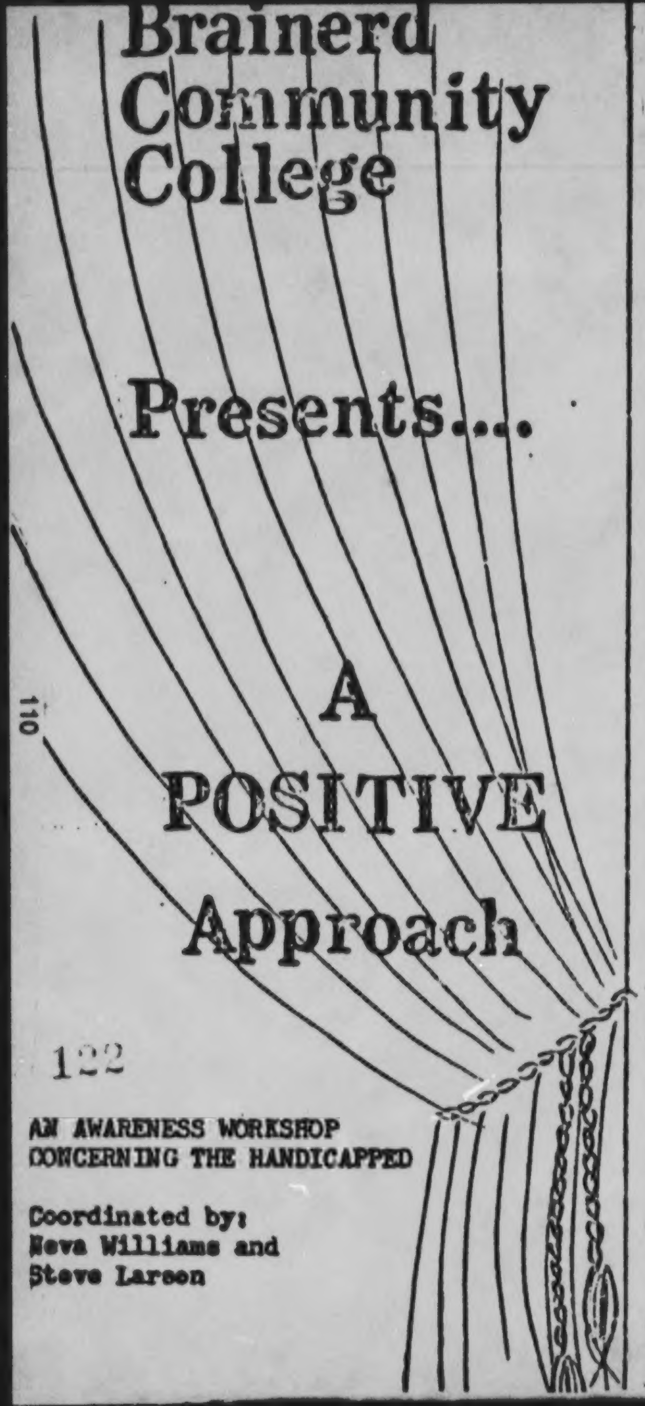
**Iowa Central
Community College**

Open House An open house at your facility generates interest from the community and offers potential participants a non-threatening introduction to the program. This can serve as part of a "kick-off" ceremony at the start of the program. Be sure to make available any printed material about the program for visitors to read and take with them.

Photography Capture program events on film throughout its operation. This is useful in several respects: slides help describe the program at workshops, speeches and special community events; photographs add interest to news releases and bulletin boards, and photographs add impact to a "brag book."

Brag Book A brag book is a notebook containing information about program activities. It focuses on community awareness and promotional materials such as clippings of newspaper or magazine articles, brochures, photographs of program events and facilities, radio scripts or agendas from training services. The brag book is an excellent public relations tool that documents the program's development in an informal, appealing way.

Workshops A workshop offered at your community college often enlightens citizens of the special needs of handicapped individuals. Workshops can be oriented about increasing the awareness of educational, occupational, personal and social issues. These workshops serve as an excellent forum to introduce and advocate the LCD Program. Furthermore, workshops can and should include topics as diverse as employment attitudes to structural business in buildings. In order to encourage participation from a broad range of the populace it is important to only charge a nominal fee. An example of a brochure from a successful workshop conducted by Brainerd Community College is presented in the next page.



Brainerd Community College

Presents....

A POSITIVE Approach

AN AWARENESS WORKSHOP
CONCERNING THE HANDICAPPED

Coordinated by:
Neva Williams and
Steve Larson

THE WORKSHOP WILL BE CONCERNED WITH EDUCATIONAL, EMPLOYMENT, PERSONAL AND SOCIAL AWARENESS.

OCTOBER 18, 1979 9:30 TO 12:30

Dr. Curtis Murton..."Welcome"

Neva Williams...Review of the *LCD Project

Anne Domeck...U. of Missouri - Assistant Director of the LCD Project

Myrna Hammer...Division of Vocational Rehabilitation - Placement Specialist Speaking on "Placement Services"

Sandy Stratton-Rusch...Sports Club Coordinator, U. of Minnesota and Margo Indieke, U. of Minnesota, a Slide Presentation on benefits of recreation and support groups for the handicapped

COFFEE BREAK

Joe Plut..."The Mad Hugger", speaking on self confidence, "A Celebration of Yourself"

*Lifelong Career Development for the Severely Handicapped Project

OCTOBER 19, 1979 9:30 TO 12:30

Dr. Curtis Murton..."Welcome"

Warren King...S. W. University, Marshall, Minnesota Council for the Handicapped, Coordinator for the Handicapped at S.W., Speaking on education and advocacy, "What Advocacy is All About"

Greg Barrows...How one individual has coped with his handicap

COFFEE BREAK

Neva Williams...Campus Coordinator for the Handicapped and Steve Larson, St. Olaf University - Handicapped - introducing the concept of support groups for the handicapped

Diane Hodgeman...Chairperson of our local M.S. Support Group, speaking about the benefits of their support group

Kurt Haglund...Sheltered Employment Services Program, Inc. - Speaking on placement of handicapped and employment attitudes

Sandi Gordon...Special Projects Coordinator for the Sister Kenny Institute - Speaking on "Removing Attitudenal Barriers Towards the Able Bodied"

Dr. Curtis Murton...Educational Services from the College

CHAPTER 8

TEAM TRAINING, TECHNIQUES AND ACTIVITIES

In order for team members to implement the LCD Program, they must learn the LCD philosophy, model and procedures. Team training, consisting of a series of 11 training modules, prepares team members to carry out their duties.

This chapter contains guidelines for selecting and recruiting team members (trainers), a list of the 11 modules and their format, and information about the training process as it pertains to planning team training, trainer preparation prior to a module, and training activities that can be used in the modules. This chapter is important to read before beginning Part III.

THE TRAINER'S SKILLS

Choice of trainers is a critical factor in effectiveness of team training. The trainer(s) should be selected according to capability and willingness to participate substantially as a team member.

To conduct effective training, the trainer should be able to:

- Communicate training goals and objectives and maintain focus on them during training.
- Give and receive feedback and relate it to the training process.
- Be sensitive to each trainee's individual learning pace and needs.
- Be aware of group dynamics.
- Present a thorough knowledge of training content to trainees in a clear, enthusiastic manner.
- Promote learning in a positive, constructive way.

PERSONAL CHARACTERISTICS

These skills, which are basic to training, interact with personal characteristics of the trainer. Enthusiastic trainers demonstrate their interest in the subject and thereby increase trainees' participation. Confident trainers elicit trust and respect from the trainees. Open communication, which is essential in a group, requires the trainer to be tolerant of differences.

Another important characteristic is a sense of humor, which can add balance to a workshop and relieve tension in stressful situations.

TRAINER'S IMPACT ON THE GROUP

The trainer is responsible for directing the group. Therefore, the trainer must keep in mind the goals and objectives of the session in order to keep the group on task. The interaction may tend to wander from the topic, especially during group discussions. An effective trainer is one who can bring the group back to the subject without abruptly cutting off or alienating trainees.

RECRUITMENT

There are several options for recruiting trainers. One member of the team, most likely the LCD Coordinator, may have the skills, experience, and available time required to conduct all 11 modules. In this case, it may be most appropriate to utilize one trainer throughout the training. An alternative is to involve one or more team members, in addition to the LCD Coordinator, in conducting various modules. For example, team members may conduct modules that most closely relate to their area of expertise. It is advisable to encourage voluntary participation of team members in the role of trainer since the instructor's enthusiasm and preparedness influences effectiveness of training.

Resource people in the community also may be recruited to assist in training the team. Individuals with background and experience related to one or more of the 11 modules may agree to conduct training sessions. For example, a representative from the state advocacy agency for developmentally disabled individuals might conduct MODULE NINE on advocacy. However, recruited trainers should convey the information contained in the appropriate module. This guarantees that team members are exposed to necessary, program-related information.

THE TRAINING MODULES

The purpose of the 11 training modules in Part 3 of the HANDBOOK is to train a team to carry out activities of the LCD Program. The trainer has significant impact on the team's sense of group identity. This identity is enhanced by participation in many of the activities, such as brainstorming and writing operating agreements, and facilitated by the trainer's demonstration of acceptance.

The modules are geared to provide team members with the knowledge, skills and experience required for successful participation as a member of the team. The 11 modules, Chapters 9-19, are as follows:

MODULE ONE:	Introduction to Training
MODULE TWO:	Prerequisite Skills
MODULE THREE:	LCD Model
MODULE FOUR:	Training
MODULE FIVE:	Instruction
MODULE SIX:	Orientation and Career Assessment
MODULE SEVEN:	LCD Planning
MODULE EIGHT:	Resource Collection
MODULE NINE:	Information Service
MODULE TEN:	Advocacy
MODULE ELEVEN:	Program Planning

Each module serves as a lesson plan for educating trainees about a topic. The modules provide the trainer with step-by-step instructions for conducting the session. The modules used for training an LCD Team follow a standard format. Aspects of the format are explained below, including general reminders to trainers.

GOALS, OBJECTIVES AND TIME CHART

The first page of each module is an outline of what is contained in the module. The goal and objectives for the module state what the trainee can expect to accomplish. The time chart is an agenda of activities that provide an overview of how the time will be spent. A copy of this page should be given to each trainee at the beginning of the module.

The time allotted for each segment of modules should be sufficient to cover the material and activities. However, to stay on schedule, the trainer must limit activities and discussions to the allotted time and keep trainees on task with minimal delay between activities.

MATERIALS AND RESOURCES NEEDED

The items listed in any module will need to be on hand for that training module. It is important to have the correct number of handouts for each training session. In some cases, the trainer may prefer to develop transparencies for display with an overhead projector.

Newsprint referred to throughout the modules is large, poster-sized paper that can be found in office or school supply stores. It it usually found in tablet form and can be displayed on an easel or taped to a wall. Newsprint is a convenient and inexpensive way to list the points discussed during activities and display information to reinforce learning.

PREPLANNING ACTIVITIES FOR THE TRAINER

This section refers to preparations the trainer will need to make prior to the training session. The most important activity for the trainer is to become thoroughly familiar with the material related to the subject of the module. This is usually covered in one or more chapters of the HANDBOOK as specified in the preplanning section. The trainer may choose to research the subject using additional resources including those suggested at the end of each module. The trainer must feel comfortable with the material before presenting it to others.

Several modules offer optional activities. In preparation, the trainer should review the options and choose the activity he or she prefers. It is often helpful to "rehearse" an activity so that questions and misunderstandings can be addressed before conducting it with trainees.

Some trainers may find it helpful to compile a checklist consisting of all the items from "Materials and Resources Needed" and "Preplanning Activities" and any others necessary. This helps the trainer prepare to conduct each module.

CONSIDERATIONS

This section lists points that should be considered in conducting the module. The section also recommends an appropriate time to take a break during the module.

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DIRECTIONS

This section details the steps for conducting the module. It serves as a step-by-step "lesson plan" outlining the content and activities of the module.

Content in Italics The information in the modules typed in italics is to be paraphrased and presented aloud to the trainees. It is important for the trainer to convey this information using his or her own words, since reading it would seem stilted. The trainer should be thoroughly familiar with the content of sections typed in italics and prepared to paraphrase the information effectively.

Directions in Boxes Directions for specific activities are typed in capital letters and enclosed in boxes. This is to alert the trainer that the directions are to be read aloud as written to trainees.

TRAINING EVALUATION

Two types of evaluation are conducted during the team training: (1) Pre and Post Training Questionniare (see MODULE ONE) and (2) the module evaluations. The Pre and Post Training Questionnaire measures individual learning as a result of training. The Pre Training Questionnaire is given to each trainee prior to the beginning of MODULE ONE and the Post Training Questionnaire is administered at the completion of MODULE ELEVEN. Note, the same form is used for both the pre and post measure. At the conclusion of every module each trainee completes the Trainee's Module Evaluation. This provides feedback for use in planning and conducting future training.

THE TRAINING PROCESS

Training can be defined as an organized instructional activity undertaken to promote specific learning. This instruction results in greater knowledge of a specific topic, improved job performance or generally enhanced skills. Effective training involves open communication between the trainer and the trainees concerning the material being presented.

PLANNING TEAM TRAINING

Conducting the team training requires careful advanced planning. Primary responsibility for this rests with the LCD Coordinator. Require activities in preparation for the team training are as follows:

- The LCD Coordinator reads and becomes thoroughly familiar with the two LCD publications, the HANDBOOK and RESOURCE GUIDE.
- Choose a schedule and format for conducting training.
- Notify team members of training dates so they can plan accordingly and get approval from their supervisors.
- Select trainers to conduct the modules and make arrangements if consultants will be needed for the training.
- Choose an appropriate environment for training and arrange for use of necessary equipment.
- Organize, reproduce and/or distribute training materials as needed for the modules.
- Conduct the "Introduction to Training" Module session (see Chapter 9) and administer the Pre-Training Questionniare evaluation to team members.
- Conduct or oversee conducting the 11 training modules in Part 3 of the HANDBOOK.

SETTING FOR TEAM TRAINING

In selecting the location for training, arrange for an accessible room that is well-lighted, properly ventilated and generally pleasant. We recommend arranging tables so that team members can be seated comfortably around them. A blackboard in the room is also helpful.

Because many of the modules entail small group activities, the room should be large enough to accommodate several separate groups working at the same time. It is best to keep the groups in the same room since this helps the trainer(s) to monitor progress by circulating among groups as they work.

INTRODUCTION TO TRAINING

Instructions for an "Introduction to Training" is presented in the beginning of Chapter 9. This session provides activities and information to orient trainees to the modules that follow. It should occur before MODULE TWO is conducted, whether it is scheduled immediately before the module or several days in advance

TRAINER'S PREPARATION

Each person scheduled to conduct a portion of team training must have the following materials well in advance of the session:

- A copy of the module(s) he or she will conduct.
- A copy of recommended background readings listed in the section of the module entitled, "Preplanning Activities For the Trainer."
- A copy of this chapter which describes the organization and use of the modules.

The LCD Coordinator distributes necessary materials and information to trainers and provides general supervision and assistance as they prepare to conduct modules. Thorough familiarity with the HANDBOOK is essential for the LCD Coordinator to effectively oversee team training.

TRAINING ACTIVITIES

A number of training activities can be used to convey information, generate ideas or improve skills. The techniques described in the next sections include activities used in the 11 modules in Part 3 of the HANDBOOK and others the team can use to provide training services.

Brainstorming This is an activity used to generate a lot of ideas in a short time. Discussion or judgment of the ideas is postponed until after the brainstorming session. Compared to the usual discussion format, brainstorming encourages creativity and productivity. Here's how it works:

- Appoint a recorder to list the group's ideas.
- Write the specific issue or question to be considered on a sheet of paper or newsprint.
- A period of time is specified, usually no more than 3 or 4 minutes.
- In the allotted time, members of the group contribute any and all ideas on the chosen topic, without regard to practicality or feasibility. No comments or judgements about ideas are to be expressed during the brainstormimg period.
- Whenever possible, the group uses each other's suggestions to generate "spin offs" of ideas. Creativity and flexibility are encouraged.

- The recorder lists all ideas on paper or newsprint as soon as they are verbalized.

- When the brainstorming period is over, the group may take time to evaluate, prioritize or discuss the ideas listed.

Role Play Role plays are short "scenarios" in which two or more people enact a specified situation. The players may adopt another person's identity or "play" themselves. The procedure involves:

- Defining the purpose: The objective of the role play must be clearly stated before the activity begins.

- Preparing the role players: Players are given time to become well acquainted with the role they are to portray. They must clearly understand the nature of the roles. It's often best to allow role play participants to be voluntary.

- Preparing the observers: If there are observers, they are told what to consider in evaluating the role play process.

- Role playing: The trainer specifies the amount of time allowed for the role play. However, the time constraints should be somewhat flexible. For example, allow a particularly productive role play to extend past allotted time or intervene when the focus seems to have been lost.

- Discussion: This is the most important aspect of the activity. It allows the players and observers to analyze the process, evaluate the results and generalize from them. Discussion should focus on the roles played, not on the characteristics of the players.

Role Reversal Role reversal is a variation of role play. Participants switch roles in order to experience one another's viewpoint in the specified situation. It can be a particularly potent awareness building technique.

Small Groups These groups, composed of three to six people, are often formed within a large group to facilitate discussion of an extensive topic. A recorder and a leader are appointed. The recorder writes on newsprint those ideas generated by the group. After the specified time period, the small groups reunite in a large group. Each recorder represents his or her group in reporting to the large group.

Fishbowl This activity allows for clarification of values and opinions and offers the opportunity to observe group process. It involves the following steps:

- The room is arranged so that four chairs are placed in the middle (two of the chairs facing the other two). There should be enough room around these chairs for the remainder of the group to sit or stand.
- The trainer makes a controversial statement about a specified topic. Sample topic: in order for the disabled population to attain equal status with non-disabled people, they must use militant tactics in pursuing their rights.
- Those who agree with the statement move to one side of the chairs and those who disagree, the other.
- The trainer asks two volunteers from each side to sit in the chairs and explain their views about the statement. Three minutes are allotted for these four participants to voice their opinions without interruption. After this time, anyone from the observer group can replace someone in the chairs and continue the discussion from his or her perspective.
- Next, the entire group discusses their reactions to the topic and observations of the group process.

This chapter has hopefully given you the necessary background about the training process that is necessary for the LCD Team. The next section of this HANDBOOK (Part III) will contain the 11 training modules that we believe are important for the team to undertake if they are to be successful in operating a LCD Program. After the team is trained, they may use many of these modules to train other community groups who desire such training.

PART III
TRAINING MODULES

Part 3, consisting of Chapters 9-19, presents 11 modules used to train an LCD Team. Chapter 9 has information on team training with sections on techniques and activities. Each subsequent chapter is a module that serves as a lesson plan for educating trainees about a certain topic. Chapter 9 is the first module and is an introduction to training. Chapter 10 is labeled Module 2 and involves the attainment of prerequisite skills. Chapter 11 introduces trainees to the LCD Program Model and philosophy. Chapters 12-18 convey detailed information about each of the seven roles of the LCD Team. Finally, procedures for program planning are delineated in Chapter 19.

Many of the modules also are appropriate for training other groups as well as the team. As examples, sections of Chapter 18 can be used to train any audience interested in advocacy, and Chapter 11 can introduce a variety of groups to the LCD Program.

TRAINING MODULE ONE

INTRODUCTION TO TRAINING

GOAL Assist trainees to become acquainted with each other and with the purpose, format and techniques of the training.

OBJECTIVES Trainees should be able to:

1. Become acquainted with each other and begin to develop positive attitudes toward working together.
2. Reach consensus on operating agreements.
3. State the purpose and format of training.
4. Understand the methods to be used in training.

Topic	Activity	Time
Welcome the Trainees	Presentation by Trainer	5 minutes
Icebreaker	Group Activity	15 minutes
Operating Agreements	Large Group Activity	15 minutes
Training Purpose and Format	Presentation by Trainer	15 minutes
Techniques of Training	Presentation by Trainer	20 minutes
Administer PreTraining Questionnaire	Large Group Activity	15 minutes
	TOTAL	1 hr. 25 min.

MATERIALS AND RESOURCES NEEDED

1. Newsprint, felt tip marker, and masking tape or easel to post the list of operating agreements.
2. The following materials:
   - The first page of the INTRODUCTION TO TRAINING; 1 copy for each trainee.
   - Handout of Training Agenda (see item #2 under "Preplanning Activities" below), 1 copy for each trainee.
   - "Trainee's Evaluation of Introduction to Training" (p.129); 1 copy for each trainee.
   - Pre and Post Training Questionnaire (p. 131); 1 copy for each trainee.
3. Trainees will need to use their copies of the RESOURCE GUIDE.

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire Introduction to Training. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Prepare a Training Agenda outlining training topics and schedule for distribution to each trainee. The time frame for conducting team training will depend upon administrative decisions and resources as discussed in Chapter 8, "Team Training, Techniques and Activities."
3. Read the directions for Icebreaker Activities, Options I, II and III. Choose one of these activities or select another icebreaker activity of your choice. Prepare any necessary materials to conduct the chosen activity. Note: You may choose to omit the Icebreaker if team members already know one another.
4. Review suggestions for operating agreements. Add additional items to the list as needed.
5. If you are orienting a group other than trainees who will be implementing an LCD Program, you will need to rewrite the purpose of team training, #1 under Training Purpose and Format (p. 126). The explanation provided is geared for training an LCD Team; therefore, you will need to rewrite it to reflect the purpose of the training you will be conducting.

CONSIDERATIONS

1. We recommend the LCD Coordinator conduct the Introduction to Training since this is in keeping with the coordinator's role as team leader.

2. Emphasize the importance of team cooperation for success of the LCD Program.
3. It is important that trainees clearly understand the purpose of the training in order to make a commitment to the training program.
4. Team members' attendance at all training sessions is vital. This should be stressed as operating agreements are being developed.
5. If possible, hold this session in the room where the training will be conducted. This helps the group establish operating agreements.
6. If you are using this Introduction to Training format with trainees other than team members, you may choose to develop a pre and post training questionnaire based on the content to be covered in the training. If not, omit the last section, "Administer PreTraining Questionnaire."

DIRECTIONS

WELCOME THE TRAINEES (5 MINUTES)

ICEBREAKER (15 MIN.) SELECT ONE OF THE FOLLOWING OPTIONS:

OPTION I - Large Group Activity

The trainer introduces herself or himself using the first name and a descriptive adjective. The person to the right repeats the trainer's name and adjective and then his or her own name and descriptor. The process is repeated around the circle so that the last person recites all previous names and adjectives before adding his or her own.

OPTION II - Small Group Activity

Break into 2 groups. Each person is given one minute to tell about herself or himself. Appoint a timekeeper and don't allow anyone to use more than one minute. Restrictions can be set as to what can be discussed (e.g., nothing about job, family, hobbies). These limitations enable the members to focus on their attitudes and values.

OPTION III - Paired Introductions

Each person chooses another from the group. For 3 minutes, one member of the pair introduces himself or herself to the partner. The trainer informs the pairs when it is time to switch to the other partner's introduction. After introductions are completed, the pairs return to the large group and each person introduces his or her partner to the group.

OPERATING AGREEMENTS (15 MINUTES)

1. Inform the group about the location of phones, restrooms, refreshments, etc.

2. Explain that consensus is important for positive group dynamics. Agreement needs to be reached on matters that affect everyone in the group. Convey the following information:

   Operating agreements are "rules" that we as a group agree to follow in regard to our training sessions. These agreements, which are reached through consensus, enable us to function more cohesively. Some of the issues that need to be resolved include: (list these on newsprint)

   smoking during training session
   length of breaks
   punctuality
   attendance
   comfort of the environment (e.g. temperature, lighting)

   Are there other issues you feel we need to consider? (If so, add these to the list.)

3. When all items are listed, discuss each issue and encourage everyone to participate in the discussion.

4. Reach group consensus on each issue. This may require negotiation in order to reach agreement. For example, after discussion the trainees may reach consensus that if a training session is started late because of tardiness, members agree to make up the time at the end of the session.

5. List final operating agreements on a separate sheet of newsprint. From this, prepare a handout of operating agreements for distribution at the next training session (punch holes for 3-ring notebook).

6. Emphasize maintenance of the agreements. Convey the following information:

   Until such time that changes need to be made, it is each individual's responsibility to uphold these agreements. This should contribute to achieving a comfortable atmosphere in which to learn.

TRAINING PURPOSE AND FORMAT (15 MINUTES)

1. Explain the purpose of the training. Convey the following information: (Note: this explanation is geared for use with LCD Team Training. See PREPLANNING #5)

   This training is designed to help you develop the skills necessary to implement the LCD Program. It will increase your knowledge of disabled people and their needs and prepare you to function as members of the LCD Team.

2. Answer questions the trainees may have about the purpose of the training. In some cases, it may be appropriate to defer questions until the appropriate module that deals with the topic.

3. Distribute the Training Agenda to each trainee. Review the Agenda and review the standard format of the Modules (see Chapter 8, pp. 113-115).

TECHNIQUES OF TRAINING (20 MINUTES)

1. Ask trainees to turn to Training Techniques section of Chapter 8 (pp. 117-119).

2. Briefly review each team training technique described and provide opportunities for individuals to ask questions.

3. Ask each trainee to complete their evaluations of the INTRODUCTION TO TRAINING (pg. 129).
   Collect evaluations from trainees.

ADMINISTER PRETRAINING QUESTIONNAIRE (5 MINUTES)

1. Read directions aloud as written.

READ:

THE QUESTIONNAIRE I WILL DISTRIBUTE IS PART OF THE EVALUATION OF TEAM TRAINING. IT IS NOT A TEST. IT IS A METHOD FOR ASSESSING THE TRAINING'S EFFECTIVENESS. YOU WILL BE ASKED TO TAKE THE QUESTIONNAIRE NOW AND AGAIN AT THE END OF THE TRAINING.

I DO NOT EXPECT YOU TO KNOW ALL THE ANSWERS. THE QUESTIONS PERTAIN TO MATERIAL TO BE COVERED DURING THE TRAINING SO THERE WILL BE OPPORTUNITY TO LEARN ABOUT THESE TOPICS LATER. BE SURE TO ANSWER EACH ITEM, EVEN IF YOU ARE UNSURE OF THE CORRECT ANSWER.

RATHER THAN WRITING YOUR NAME ON YOUR QUESTIONNAIRE, AT THE TOP OF THE FIRST PAGE, WRITE AN IDENTIFICATION NUMBER SUCH AS THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER. YOU WILL NEED TO USE THE SAME CODE ON THE POST TEST SO MAKE SURE IT'S A NUMBER YOU CAN REMEMBER. WHEN YOU ARE FINISHED, BRING ME YOUR QUESTIONNAIRE BEFORE YOU LEAVE.

2. Add any closing remarks you wish to tell trainees since they will leave after completing the PreTraining Questionnaire.

3. Distribute a copy of the Pre and Post Training Questionnaire to each trainee.

Date_______________

TRAINEE EVALUATION
INTRODUCTION TO TRAINING

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	some-what	adequately	well	very well
A. become acquainted with each other and begin to develop positive attitudes toward working together?	1	2	3	4	5
B. reach consensus on operating agreements?	1	2	3	4	5
C. state the purpose and format of training?	1	2	3	4	5
D. understand the methods to be used in training?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List any activities or presentations you feel were particularly useful: ______________________________

____

____

____

____

4. List any activities or presentations you feel did not contribute to your learning: ______________________________

____

____

____

5. How could this module be improved? ______________________________

____

____

____

____

Pre ☐ Identification number ____________

Post ☐ Date ____________

PRE AND POST TRAINING QUESTIONNAIRE

Circle the letter beside the best answer.

1. The term "the handicapped" should be avoided because
   - a. "the disabled" is the preferred term
   - b. it focuses only on the aspect that is different from other people
   - c. none of the above

2. When you use a film to increase people's awareness, always
   - a. preview the film
   - b. consider its appropriateness for intended audience
   - c. conduct a discussion after the film to help the audience process reactions
   - d. all of the above

3. After a deaf person learns lipreading, he or she can understand practically everything said so long as the speaker's lips are clearly visible.
   - a. true
   - b. false

4. Almost all cases of mental retardation are inherited.
   - a. true
   - b. false

5. Which of the following behaviors does not demonstrate attending?
   - a. verbally following what the interviewee says
   - b. maintaining eye contact
   - c. leaning toward the interviewee
   - d. asking questions in prescribed order

6. The question, "Did you work after your injury" is
   - a. a closed-ended question
   - b. an open-ended question
   - c. there is too little information to determine

7. Career development skills, as defined by the Lifelong Career Development (LCD) Program, include
   - a. vocational and job skills
   - b. social skills
   - c. caring for daily personal needs
   - d. all of the above

8. The LCD Program is designed to
   - a. increase educational opportunities for disabled youth
   - b. provide career development services to disabled adults
   - c. locate employment opportunities for disabled people

9. Which of the following factors contribute to special career development needs of disabled adults?

a. attitudinal barriers
b. architectural barriers
c. the medical model for routine health care
d. a and b
e. all of the above

10. The roles of the LCD Team: Career Assessment, Life-Centered Career Development Planning, Information, Training Services, Advocacy, Instruction.

What team role is missing in the above list:

a. Guidance and Counseling
b. Funding
c. Resource Collection
d. Follow-up

11. Which is not a role of the LCD Advisory Committee?

a. Information and Career Assessment
b. Consultation
c. Community Support
d. Linkage of Services

12. In the LCD Model, the program's direct services to disabled individuals who are participants in the program are depicted by

a. horizontal flow of the model
b. vertical flow of the model
c. none of the above

13. When orienting interested individuals to the LCD Program be sure to

a. clearly explain what the program can and cannot do
b. complete the necessary forms
c. give the person an Orientation Evaluation form to take home
d. all of the above

14. When explaining the steps of the LCD process to prospective participants during Orientation, avoid using terms like "Career Assessment" and "LCD Planning."

a. true
b. false

15. The Career Development Inventory includes:

a. objective measures of skill in relation to the 22 competencies
b. self-report of interest in receiving training relative to the 22 competencies
c. assessment of learning potential in relation to the 22 competencies

16. To prepare the Career Development Profile, shade in the circle that corresponds to each item marked "not able to do."

a. true
b. false

17. The purpose of discussing assessment results with a participant in the LCD Program is to

    a. convey the results to the person
    b. encourage the person to discuss his or her reactions to the results
    c. convince the person of the accuracy of the results
    d. a and b
    e. all of the above

18. In the Life-Centered Career Development (LCD) Planning Process

    a. first the team meets to generate service and training programs without the program participant present.
    b. the team sets priorities for the program participant to help simplify the planning process
    c. the entire team meets with the program participant to develop the plan
    d. the team prepares the plan then provides the program participant with a copy

19. To help the participant get involved in LCD Planning

    a. follow the formal structure for LCD Planning so the program participant can understand the planning process
    b. ask the program participant as many questions as you can to get as much information as possible
    c. involve the program participant's parents or family
    d. pace the interaction so the program participant has ample opportunity to initiate comments

20. To prepare suggestions for service and training options, the team should

    a. share all available options with the program participant
    b. consider the program participant's strengths and weaknesses
    c. let the program participant choose his or her options from the RESOURCE GUIDE

21. When establishing goals for the LCD Plan

    a. let the program participant write the goals
    b. use wording from the competencies and subcompetencies as much as possible
    c. make them as general as possible
    d. check with the program participant's family to make sure they are viable goals

22. Follow-up contacts with participants in the LCD Program should be

    a. made at least once a month, preferably in person
    b. made at least once a week, over the phone
    c. made by different team members so the participant stays in contact with the entire team
    d. optional, depending upon whether it seems to be needed

23. The Resource Collection is geared for use by

a. LCD Program staff
b. disabled people participating in the program
c. personnel from community agencies
d. all of the above

24. If you found "2B" in the bottom right corner of a page in the RESOURCE GUIDE, this tells you

a. whether the resource is a book, article, or audio-visual aid.
b. the number of that page in the guide
c. that page is geared for use by professionals
d. none of the above

25. The first step in developing the Resource Collection is to

a. decide whether the collection will be available on a lending basis
b. find an accessible location for the collection
c. select a team member to coordinate the collection
d. assess current resources at the community college

26. Which of the following would not be considered a part of Information services provided by the LCD Team?

a. giving professional advice or services
b. referring an individual to a specific resource person for needed information
c. reviewing an existing program, then recommending changes
d. initiating contact with an agency to suggest changes the team feels are needed

27. When a person approaches a member of the LCD Team with a request for information, the first step is to

a. tour the facility of the requesting agency or individual
b. obtain relevant information from the Resource Collection
c. formulate recommendations
d. ask the person questions that further define the request

28. An essential tool for LCD Team members to conduct the role of Information Service is

a. the Resource Collection
b. accurate statistics about LCD Program participants
c. interagency cooperation

29. When developing a training program, the first step is to

a. make arrangements for a meeting room
b. decide the content you wish to cover
c. prepare an agenda
d. assess the training needs of the group

30. As a general rule, when you design training try to
    - a. present information using a concise lecture format
    - b. use a combination of methods to convey the information
    - c. avoid confusion by using one method to convey the information
    - d. use films as much as possible

31. Evaluation of training should be based on
    - a. training objectives
    - b. interests of those persons being trained
    - c. knowledge deficits
    - d. training activities

32. The ultimate purpose of training evaluation is to
    - a. advertise training workshops
    - b. justify training expenditures
    - c. improve future training efforts

33. The term "advocacy" is defined as:
    - a. seeking one's legal rights through court action
    - b. speaking and/or acting on your behalf or on behalf of another person
    - c. filing a complaint with the Office of Civil Rights
    - d. none of the above

34. Which is not a subpart of Section 504 of the Rehabilitation Act of 1973?
    - a. affirmative action
    - b. employment
    - c. post-secondary education
    - d. program accessibility

35. Which of the following are important to conducting effective advocacy?
    - a. values clarification
    - b. negotiation and bargaining skills
    - c. effective use of the media
    - d. b and c
    - e. all of the above

36. By law, each state is required to establish a protection and advocacy service for developmentally disabled individuals.
    - a. true
    - b. false

37. The LCD Team's primary focus in the role of Advocacy is to
    - a. assist disabled individuals to be self-advocates
    - b. investigate situations that violate the rights of individuals who are disabled
    - c. refer disabled people to advocacy resources in the community
    - d. none of the above

38. In the LCD Team role of Instruction, the team
    a. refers disabled people to existing resources that provide instruction related to the 22 competencies
    b. develops new learning opportunities to fill unmet needs
    c. instructs agency personnel about the needs of disabled people
    d. both a and b

39. When you refer an LCD Program participant to a source of instruction, always
    a. make arrangements for the participant's first appointment
    b. follow up to make sure the participant is satisfied with the service
    c. get a release of information before you refer the person
    d. obtain agency records about previous training and services provided to the participant

40. Under the role of Instruction, an LCD Team member and participant together can develop individual independent learning experiences in the community.
    a. true
    b. false

41. For communities planning to implement the full LCD Program, it is recommended that you
    a. first implement the team role of Advocacy
    b. design services according to advisory committee recommendations
    c. refer disabled adults to other services until the LCD Program is fully underway
    d. first implement the team roles related directly to participants in the LCD Program

42. To establish priority goals for their community, the LCD Team should consult
    a. results of the LCD needs assessment
    b. local employment statistics concerning disabled people
    c. key administrators at the community college

43. Before establishing a time line for developing the LCD Program in their community, team members need to select the priority goals on which they, as individuals, will focus.
    a. true
    b. false

44. The distinct advantage of a bar graph type of time line is that it
    a. is the easist type of time line to develop
    b. shows who is responsible for specific activities
    c. graphically shows activities that will occur simultaneously

45. Which of the following is not one of the three major types of program evaluation used to assess the LCD Program?

    a. Training evaluation
    b. Process evaluation
    c. Baseline evaluation (needs assessment)
    d. Outcome evaluation

46. The monthly report of program activities is designed to collect

    a. Training evaluation data
    b. Process evaluation data
    c. Baseline evaluation data
    d. Outcome evaluation data

47. The purpose of the Competency Matrix in the Needs Assessment is

    a. to list subcompetencies of the 22 competencies
    b. to assess the skills of each individual who responded to the survey
    c. to determine competencies that are priority learning interests among disabled respondents in the community
    d. to collect the advisory committee's suggestions about program development

CHAPTER 10

TRAINING MODULE TWO:

PREREQUISITE SKILLS

GOAL Familiarize trainees with the prerequisite skills that are necessary in LCD Program development.

OBJECTIVES Trainees should be able to:

1. Demonstrate understanding of attitudes that affect individuals with disabilities.
2. Use techniques to build awareness of the problems and concerns of individuals who are disabled.
3. Demonstrate understanding of the major characteristics and causes of six disabilities.
4. Demonstrate understanding of interviewing and communication skills to facilitate interaction with disabled people and others.

Topic	Activity	Time
Introduction to Attitudes	Presentation by Trainer	5 minutes
Awareness Building	Small Group Activity	30 minutes
Language and Attitudes	Presentation by Trainer	30 minutes
Questions and Answers about Medical Aspects	"Quiz" and Discussion	40 minutes
Skills in Interacting with Disabled People	Large Group Activity	30 minutes
Interviewing Skills	Presentation by Trainer	25 minutes
	TOTAL	2 hrs. 40 min.

MATERIALS AND RESOURCES NEEDED

1. List of words written on newsprint for use in "Language and Attitudes" presentation (page 143).
2. Sheets of newsprint, felt tip markers and masking tape.
3. The following materials:
   - The first page of MODULE TWO (page 139)1 copy for each trainee.
   - Handout 1, "Situations You Might Encounter" (page 149). Note: you will need Handout 1 only if you select Awareness Building Activity II.
   - Handout 2, "Questions About Medical Aspects" (pages 151-53); 1 copy for each trainee.
   - Handout 3, "Answers About Medical Aspects" (pages 155-168); 1 copy for each trainee.
   - Handout 4, "Interviewing Hints" (pages 169-170); 1 copy for each trainee.
   - "Trainee's Evaluation of MODULE TWO (page 171); 1 copy for each trainee.
4. Trainees will need to use their copies of THE RESOURCE GUIDE.

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Read the following chapters in the RESOURCE GUIDE: Chapter 2, Medical Aspects; Chapter 4, Attitudes; Chapter 18, Communication Skills. These provide background information that is essential in conducting MODULE TWO.
3. Read the directions for Awareness Building Options I and II. From these 2 options, select the activity you prefer to use and prepare materials needed to conduct the chosen activity. Note: Either activity may be used later in awareness workshops conducted by the trainees.
4. Become thoroughly familiar with all questions and answers listed in Handout 3, "Answers about Medical Aspects" (pages 155-168). If you desire further information about the medical aspects of disabilities, consult additional resources such as those listed at the end of MODULE TWO.

CONSIDERATIONS

1. Change composition of small groups for each activity. This provides additional opportunities for trainees to get to know one another and facilitates exchange of ideas.
2. The presentation, "Language and Attitudes," is likely to generate reactions and comments. Discussion of reactions can improve the presentation's effectiveness and should be encouraged. The trainer should facilitate the discussion to help keep the group on task.

3. Because of the length and variety of material, MODULE TWO can be very appropriately conducted by 2 or more trainers. The trainers might alternately conduct portions of the module related to different topics, circulate between groups during activities and help facilitate discussions.
4. If you choose to give trainees a break during the module, we recommend scheduling the break right after "Language and Attitudes."

DIRECTIONS

INTRODUCTION TO ATTITUDES AND AWARENESS BUILDING (5 MINUTES)

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.
2. Describe the importance of attitudes to the psychological, social and vocational development of disabled individuals. Convey the following information:

   Attitudes may well be the single most pervasive barrier confronting disabled people. Attitudes can create opportunities or destroy them, motivate constructive action or prevent it, foster positive self-concept or undermine it. Attitudes on the part of non-disabled and disabled people have far-reaching implications for the psychological, social and vocational development of disabled individuals.

3. Introduce the next activity. Convey the following information:

   The next activity provides an opportunity to examine some of the attitudes that affect individuals with disabilities.

AWARENESS BUILDING ACTIVITY (30 MINUTES)

OPTION I: MYTHS AND STEREOTYPES

1. Divide trainees into groups of 3-6 people.
2. Read directions aloud as written:

> READ:
>
> THERE ARE MANY MYTHS AND STEREOTYPES SURROUNDING THE SUBJECT OF DISABILITIES. AN EXAMPLE IS THE MYTH THAT DISABLED PEOPLE WHO ARE PRODUCTIVE ARE AMAZING, RARE AND UNIQUE.
>
> WITHIN YOUR SMALL GROUP, BRAINSTORM ABOUT THE MYTHS AND STEREOTYPES YOU HAVE HEARD ABOUT PEOPLE WHO ARE DISABLED. YOU"LL HAVE 5 MINUTES FOR THIS ACTIVITY.

3. Circulate between the groups and note points for later discussion.
4. Alert the groups when 2 minutes remain.
5. Post the lists and have recorders read them.

6. Conduct a group discussion about the implications of such myths and stereotypes for both disabled and non-disabled people.

   The following points may be considered for discussion:

   - What did you learn from this activity?
   - Do these myths and stereotypes always have a negative impact?
   - What did you notice about your reactions to these myths and stereotypes?
   - How do these myths and stereotypes affect non-disabled people?

7. At the end of the discussion summarize the activity. Convey the following information:

   The myths and stereotypes we've discussed in this activity convey attitudes that can have significant psychological and social implications for individuals who are disabled. Familiarity with these myths, stereotypes and assumptions can increase your awareness of attitudes and your sensitivity to disability-related concerns.

8. See #8 at end of Option II.

OPTION II: SITUATIONS YOU MIGHT ENCOUNTER

1. Divide trainees into groups of 2-4 people and number them as Groups I, II or III, repeating this until all groups are numbered.
2. Distribute Handout 1, "Situations You Might Encounter" (page 149).
3. Read directions aloud as written:

> READ:
>
> THIS ACTIVITY WILL HELP YOU UNDERSTAND SOME OF THE MYTHS AND STEREOTYPES THAT SURROUND PEOPLE WITH DISABILITIES. AS MARKED ON THE HANDOUT, 2 SITUATIONS ARE ASSIGNED TO EACH GROUP FOR DISCUSSION. FOR EACH SITUATION, HAVE A GROUP MEMBER READ IT ALOUD THEN DISCUSS YOUR RESPONSES TO THE QUESTIONS THAT FOLLOW. A RECORDER SHOULD TAKE NOTES. ALSO, THE GROUP SHOULD SELECT ONE OF THE 2 SITUATIONS YOU WISH TO PRESENT TO THE LARGE GROUP. YOU WILL HAVE 15 MINUTES TO COMPLETE THE ACTIVITY. IF YOU HAVE TIME, DISCUSS A 3RD SITUATION FROM THE HANDOUT.

4. Circulate among the groups and note points for later discussion.
5. Alert the groups when 5 minutes remain.
6. Have recorders from each group present their responses to one of the situations.
7. Provide a closing summary of the activity. Convey the following information:

The situations described in this activity exemplify the interactions that can involve people with various disabilities. Reactions of non-disabled and disabled individuals in such situations convey attitudes that can greatly affect individuals who are disabled. This activity can help you become more aware of attitudes and more sensitive to disability-related concerns.

8. Note that the team can use this and other activities to raise other peoples' awareness of the disabled population. Convey the following information:

   The activity just completed is an example of activities you can use to raise other people's awareness of the concerns of the disabled population. Other awareness building activities are as follows:

   Simulation of a disability involves able-bodied people using props like wheelchairs or blindfolds to simulate a disability. This provides some firsthand experience with barriers and situations disabled people might encounter.

   Films and other media can be powerful tools for increasing awareness and changing attitudes. Always preview films with consideration of appropriateness for intended audience and use a discussion format to help the audience process reactions after seeing the film.

   Speakers who are disabled or panel discussions with disabled people can be highly effective in promoting awareness of disability-related issues.

   These are just some of the approaches to building awareness and changing attitudes.

LANGUAGE AND ATTITUDES (30 MINUTES)

1. Describe the importance of labeling and terminology. Convey the following information:

   Linguists have long recognized that language shapes our perceptions of the world. Labeling and terminology can powerfully influence behavior as well as convey and shape attitudes.

2. Post sheets of newsprint with the following words listed in 3 columns:

A. the disabled	B. disabled people	C. people with disabilities
epileptics	epileptic individuals	individuals with epilepsy
the mentally retarded	mentally retarded people	people who are mentally retarded
the blind	blind people	people who are blind

3. Ask trainees to discuss the images brought to mind by the terms in column A as compared to B and C.

4. After trainees have shared reactions, discuss or reiterate the impact of the terminology. Convey the following information:

Labels like "the handicapped," "the deaf" or "epileptics" focus attention on one aspect of the person--the aspect that is different from other people. They emphasize the disability, implying that is the most important characteristic.

The words "disabled person," "deaf individual" or "epileptic person" provide some recognition of the person's individuality, recognition that is lacking with terms like "the blind" or "the handicapped."

Preferred are phrases like "people with disabilities," "individuals with orthopedic handicaps," or "people who are deaf." These phrases indicate the disability is only one of many identifying characteristics of the total person.

Although it may at times be awkward to use the preferred terminology, the point is valid and worthy of consideration. Once aware of the impact of different wording, you can begin to change your patterns of speech and writing to convey more constructive attitudes.

5. Discuss the concept of spread. Convey the following information:

Spread is another factor related to attitudes. Spread refers to the misconception that the whole person is impaired by a disability, as though the disability spreads to the person's other abilities. For example, some people often talk to the non-disabled companions of people who have obvious physical impairment, as if they are not mentally capable of conversing. Some people speak loudly to individuals who are blind as though they have a hearing impairment.

The error of such assumptions is clearly conveyed in the following incident. A visibly physically disabled rehabilitation counselor accompanied a client who was mentally retarded to a job interview. When the personnel director greeted them he addressed the client by the counselor's name and discussed a previous phone conversation. The client was, of course, bewildered, and to the personnel director's embarrassment, the counselor had to explain that she was, in fact, the counselor. It seemed that once the physical disability was perceived, the mental disability was automatically assumed.

6. Describe the distinctions sometimes made between the terms "handicap" and "disability." Convey the following information:

There have been efforts to distinguish between the terms "disability" and "handicap." Disability has been defined as the physical condition or mental condition that has an objective reality. Handicap has been defined as the limitations or obstacles to functioning that may accompany the disability. According to these definitions, a disability may or may not be a handicap depending upon environmental and individual factors.

(continued)

It is useful to be aware that distinction between the terms sometimes is made. However, it is extremely difficult to consistently distinguish between those terms in various contexts. Preferred use of the terms also varies with geographical region. For legislative purposes, "handicapped" is legally defined but "disabled" is not, a factor which further complicates distinction between terms.

7. Provide an opportunity for brief discussion, then summarize:

   As you become involved in team activities and interact with program participants who are disabled, remember the importance of language. Use preferred terminology in spoken and written communication.

QUESTIONS AND ANSWERS ABOUT MEDICAL ASPECTS (40 MINUTES)

1. Read directions aloud as written:

> READ:
>
> UNDERSTANDING OF BASIC MEDICAL ASPECTS IS ESSENTIAL FOR PEOPLE WORKING WITH INDIVIDUALS WHO ARE DISABLED. [READ NEXT SENTENCE ONLY IF TRAINEES ARE LCD TEAM MEMBERS] THIS BASIC KNOWLEDGE PROVIDES IMPORTANT BACKGROUND FOR MANY OF YOUR ACTIVITIES AS MEMBERS OF THE LCD TEAM.
>
> THE "QUESTIONS ABOUT MEDICAL ASPECTS" THAT I WILL DISTRIBUTE PROVIDES AN OPPORTUNITY FOR YOU TO EXAMINE YOUR KNOWLEDGE ABOUT DISABILITIES. IT IS DESIGNED AS A LEARNING EXPERIENCE, NOT AS A TEST ON WHICH YOU WILL BE SCORED. WE WILL DISCUSS THE ANSWERS WHEN YOU'VE FINISHED. AS YOU ANSWER THE ITEMS, PLACE A MARK IN THE MARGIN NEXT TO THOSE YOU ESPECIALLY WANT TO DISCUSS. RAISE YOUR HAND TO LET ME KNOW WHEN EACH OF YOU HAS FINISHED.

2. Distribute copies of Handout 2, "Questions about Medical Aspects" (pages 151-153); 1 copy to each trainee.

3. As each trainee signals completion of the questions, give the person a copy of Handout 3, "Answers about Medical Aspects" (pages 155-168). Instruct them to compare their answers with Handout 3 while waiting for others to finish.

4. When all trainees have finished answering "Questions about Medical Aspects," ask the group which items they would like to discuss. Answer questions and discuss points raised by the group. There may be some debate about several of the answers.

SKILLS IN INTERACTING WITH DISABLED PEOPLE (30 MINUTES)

1. Introduce the activity. Convey the following information:

   Many people feel uncomfortable about interacting with disabled people whether socially or professionally. Often it is uncertainty about what to expect or fear of embarrassment that creates discomfort.

   However, certain skills and techniques can facilitate interaction with disabled people. Many of these "how to" hints are simple courtesies that make a great difference in the ease of interactions between people. Some involve specific techniques to improve communication or generate a sense of acceptance.

   Knowledge of these interaction skills are important for 2 reasons: 1) It improves your ability to interact with disabled people you'll work with, and 2) it helps you to teach others to improve ways of relating with disabled people.

2. Divide trainees into groups of 4-6 people.
3. Distribute newsprint and felt tip markers to each group.
4. Read directions aloud as written:

> READ:
>
> THIS IS A BRAINSTORMING ACTIVITY ABOUT INTERACTION SKILLS. EACH GROUP SHOULD LIST "HOW TO" HINTS FOR INTERACTING WITH DISABLED PEOPLE. FOR EXAMPLE, DON'T SHUFFLE PAPERS ON YOUR DESK WHILE TALKING WITH A BLIND PERSON BECAUSE IT COMMUNICATES DISINTEREST; BEFORE GIVING A DISABLED PERSON ASSISTANCE, FIRST ASK THE PERSON IF HE OR SHE WANTS HELP.
>
> YOUR GROUP WILL HAVE 5 MINUTES TO THINK OF AS MANY INTERACTION AND COMMUNICATION HINTS AS POSSIBLE.

5. Circulate among the groups as they brainstorm.
6. Alert the groups when 1 minute remains.
7. After the 5 minute period, tell the groups to use the next 5 minutes to review their lists. Read directions aloud as written:

READ:

USE THE NEXT 5 MINUTES TO REVIEW YOUR SUGGESTIONS AND SELECT THOSE INTERACTION OR COMMUNICATION HINTS YOU WISH TO PUT ON A LIST, LIMITING YOUR SELECTIONS TO NO MORE THAN 8 ITEMS. [OPTIONAL]: THE LISTS FROM THE GROUPS WILL BE COMBINED, TYPED, AND MADE AVAILABLE TO YOU BEFORE COMPLETION OF THE TRAINING MODULES.

8. Post the finalized lists and ask recorders to read them. Allow opportunities for discussion and questions.

9. If the following points are not suggested by any of the groups, mention them before concluding the activity. Also add them to the handout that will be prepared.

   - Communicate and deal directly with a disabled individual rather than relying on family members, parents or others--even though it may require additional effort.
   - Don't ask personal questions about an individual's disability unless you know the person well enough that personal questions are appropriate.
   - Avoid gestures or remarks that seem patronizing or condescending. For example, do not pat a short-statured person on the head as though he or she were a child.
   - Allow time for individuals with mental retardation or speech impairment to finish speaking, rather than interrupting or finishing their statements when you feel you know what they are about to say.
   - Do not automatically speak loudly to a blind person unless you know the person is also hearing impaired.

10. Collect the lists. Later, have them compiled and typed into a handout for distribution to trainees before conclusion of training. Title the handout "Hints for Interacting with Disabled Individuals."

INTERVIEWING SKILLS (25 MINUTES)

1. Introduce the presentation. Convey the following information:

In addition to the interaction techniques discussed in the last activity, there are general interviewing and communication skills that team members should possess. These skills are important in facilitating your interactions with people who are disabled, their family members, professionals and the general public, all of whom you may contact in connection with some aspect of the LCD Program.

2. Briefly describe each of the Interviewing Hints #1 through #12. (Handout #4, MODULE TWO).

   Note: For item #3 (page169), ask trainees to distinguish between the open-ended and close-ended questions in the section, "Practice in Recognizing Open-ended Questions.: Suggest they volunteer answers to the items.

   Answers: 1. closed, 2. closed, 3. open, 4. open, 5. closed, 6. open, 7. closed, 8. open.

3. Remind trainees that Chapter 18, "Communication Skills" in the RESOURCE GUIDE contains additional information they may wish to consult to improve their skills.

4. End the session by distributing "Trainee Evaluation" forms (page 171) and asking trainees to complete their evaluations of the module. Collect trainees' evaluations.

ADDITIONAL RESOURCES

ATTITUDES

Burkhead, J.E., Domeck, A.W. and Price, M.A. The severely handicapped person: Approaches to career development. Columbia, Missouri: University of Missouri, 1979. (Eric Document Reproduction Service No. ED 178 114).

Wright, B.A. Physical disability a psychological approach. New York: Harper & Row, 1960.

Bowe, F. Handicapping America: Barriers to disabled people. New York: Harper & Row, 1978.

MEDICAL ASPECTS

Davis, K. It's about time disabilities came out in the open. Madison: University of Wisconsin, 1977.

Goldenson, R.M. (Ed.) Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

INTERVIEWING

Benjamin, A. The helping interview(2nd Ed.). Boston: Houghton Mifflin, 1974.

SITUATIONS YOU MIGHT ENCOUNTER

FOR GROUP I

1. Sandy is a 16-year-old woman who is severely disabled by polio. In the process of enrolling in high school, Sandy encounters a staff member who is obviously uncomfortable in their interactions. At one point, the staff member offers to take some forms to another office for completion, saying, "You don't want to go to that office. There are always a lot of people there, and you don't want to walk in front of them."

   If you were Sandy, how would you respond to the staff member?

   How would you feel in this situation?

2. You are seated in a restaurant with Jim, a new business associate. Jim uses a wheelchair because of a disability. The waiter comes to take the order. After you have ordered, the waiter looks at you and says "What does he want to order?"

   How would you handle this situation?

   How would you feel in this situation if you were Jim?

FOR GROUP II

3. You are seated by the window of the commuter bus. The man seated next to you is reading a magazine. He is deaf but you are unaware of his hearing impairment. You ask him to move so you can get into the aisle. He continues to read. You ask him again in a louder voice. He remains silent.

   What would you do?

4. You and your child are in the check out line at the grocery. Jane, who is very short statured and walks with an unusual gait because of a congenital anomaly is ahead of you in the line. Your child asks you, in a tone loud enough for Jane to hear, "Why is that lady so short and why does she walk funny?"

   How would you respond to your child's question?

   How would you respond if you were Jane?

FOR GROUP III

5. Ann has cerebral palsy. She and Jack married recently and moved to a new home. Ann's new neighbor, Fran, comes over to welcome her to the neighborhood. As they talk, Fran says, "I'm looking forward to meeting Jack. Is he in a wheelchair, too?"

   If you were Ann, how would you respond?

   What message would Fran's comments convey to you?

6. You are interviewing an applicant for a legal aid position in your office. It's near lunch time and your secretary, Sean, stops by to say "I have a doctor's appointment to get my medication changed. I'll be back after lunch." Sarah, the applicant you are interviewing says "I hope he's not sick." You reply, "Sean has epilepsy and sometimes needs adjustment of his medication. Sarah says, "Didn't you have doubts about hiring an epileptic? I hope I wouldn't be working closely with him--what if he had a seizure."

   How would you respond to Sarah's statement?

MODULE TWO
Handout 2

Questions about Medical Aspects

Understanding of basic medical and related aspects is essential for people working with disabled individuals. Take time to answer the following questions about each disability. We'll discuss the answers when you've finished. Remember this is designed as a learning experience, not as a test on which you will be scored.

Circle the correct answer.

Cerebral Palsy

1. The major cause of cerebral palsy is:

   a. virus
   b. heredity
   c. brain damage

2. Are people who have cerebral palsy always mentally deficient? Yes No

3. Is there a cure for cerebral palsy? Yes No

4. Spastic is another name for cerebral palsy. True False

5. People with cerebral palsy can marry and have normal children. True False

6. Can people with cerebral palsy be employed in the competitive labor market? Yes No

Epilepsy

1. Is epilepsy usually inherited? Yes No

2. Do seizures always involve convulsions? Yes No

3. Can epilepsy be cured through treatment with drugs? Yes No

4. The behavior of someone experiencing a psychomotor seizure might be mistaken for behavior of someone who is drunk. True False

5. If a person has a seizure, you should:

   a. call a doctor as quickly as possible
   b. place a spoon in the person's mouth
   c. restrain the person's movements
   d. allow the convulsion to continue
   e. all of the above

6. To the observer, the person having a petit mal seizure may appear to be daydreaming. True False

7. Are some people who have epilepsy able to drive? Yes No

8. If a person who has epilepsy appears to be sleepy and awkward, it is most likely that he or she:

   a. is about to have a seizure
   b. didn't get enough sleep
   c. is reacting to medication

Hearing Impairment

1. Is medical treatment usually effective in correcting most forms of hearing loss? Yes No

2. Can hearing aids restore normal hearing capacity to most people with hearing loss? Yes No

3. A deaf person's language skills are an indication of level of intelligence. True False

4. Can a person who has never heard spoken words ever learn to talk? Yes No

5. Hearing loss that occurs before language is mastered usually affects the ability to deal with abstract concepts. True False

6. After a person learns lipreading, he or she can understand practically everything said so long as the speaker's lips are clearly visible. True False

7. A common cause of depression after severe loss of hearing is the absense of background sounds of the environment. True False

Mental Retardation

1. Mental retardation is a condition that can vary in its severity. True False

2. Almost all cases of mental retardation are inherited. True False

3. Mental retardation can result from lack of social or environmental stimulation at an early age. True False

4. Which characteristics are descriptive of retarded people's personalities?

   a. they are happy and easygoing
   b. they prefer the company of other mentally retarded people
   c. they are overly affectionate
   d. all of the above
   e. none of the above

5. Mentally retarded individuals lack the capacity to evaluate their own behavior and compare themselves to others. True False

6. With proper training, can individuals with mild or moderate retardation learn to perform fairly complex job tasks? Yes No

7. Can individuals who are mentally retarded marry and care for families? Yes No

Orthopedic Handicap

1. With spinal cord injury, does the extent of paralysis depend upon the point at which the spinal cord is injured? Yes No

2. Even though there is no sensation in paralyzed parts of the body, the person should not ignore external conditions like heat, cold or pressure. True False

3. Is the person with paraplegia or quadraplegia especially susceptible to diseases of the organs of elimination? Yes No

4. Does emotional adjustment to a traumatically sustained disability follow a predictable pattern and timetable? Yes No

5. Emotional adjustment to an orthopedic impairment depends upon:

   a. the person's previous attitudes toward handicapped individuals
   b. what the impairment personally "means" to the individual
   c. reaction of family and friends
   d. all of the above

6. People who are paralyzed are no longer interested in sex. True False

7. A common cause of underdevelopment of social skills among orthopedically handicapped individuals is lack of intelligence. True False

Visual Impairment

1. If a person is "legally blind," does that mean the person cannot see at all? Yes No

2. Which cause of visual impairment can be prevented by early diagnosis and treatment?

   a. diabetes
   b. cataracts
   c. glaucoma
   d. macular degeneration

3. Compared to a century ago, the blind population today is older and more often has multiple handicaps. True False

4. Blind people often have poor posture and unusual movements of the head and body because of nerve degeneration that frequently accompanies blindness. True False

(continued)

5. Do blind people have exceptionally keen senses of touch and hearing? Yes No

6. Which of the following sensations do blind people use in orientation and mobility?

   a. hearing
   b. smell
   c. kinesthetics
   d. sensation of temperature
   e. all of these

7. The most common means of travel or mobility for the majority of people with severe visual impairment is:

   a. guide dog
   b. prescription cane
   c. sighted guide
   d. electronic device

8. Do most blind people use braille? Yes No

Answers about Medical Aspects

The following are answers to the medical aspects questions about each disability. The answer to each question is followed by a brief discussion of related information to give the reader better understanding and background knowledge about each disability.

Cerebral Palsy

1. The major cause of cerebral palsy is:

   a. virus
   b. heredity
   c. brain damage

   c. brain damage. "Cerebral palsy is caused by damage to the brain before, during or shortly after birth" (Davis, 1977, p. 2). The brain damage affects the individual's ability to control the voluntary muscles such as those which move the arms, legs, tongue or eyes. The term itself reflects the main cause: cerebral=brain, palsy=lack of control over muscles. This brain damage can be caused by any one of the following or combination of the following (Davis, 1977): insufficient oxygen during pregnancy or at birth, incompatibility of Rh blood factor, brain hemorrhage resulting from birth injury, premature birth (especially if infant weighs less than four pounds), infection of the mother with German measles or other viral diseases during early pregnancy.

2. Are people who have cerebral palsy always mentally deficient? Yes No

   No. People with cerebral palsy can have normal or superior intelligence. There is no correlation between severity of the individual's motor disability and level of intelligence (Davis, 1977). However, overall, the mean IQ of the population of people with cerebral palsy is 70 to 75 as compared to 100 for the normal population. It is important that people working with cerebral palsied individuals avoid making assumptions about the intellectual capacity of individuals who have cerebral palsy.

3. Is there a cure for cerebral palsy? Yes No

   No. There is no known cure for cerebral palsy. In some cases drugs can help control some of the motor difficulties by decreasing the tone of tight muscles and increasing tone of slack muscles. Surgery can help to correct some of the physical deformities associated with cerebral palsy which can help the body become more functional. Example: surgically lengthening a tight heel cord so the person can walk on the whole foot. However, neither of these approaches cure or completely control the cerebral palsy.

4. Spastic is another name for cerebral palsy. True False

   False. The types of cerebral palsy are classified according to the type of movement involved. Spasticity is one of the three major types of cerebral palsy--it is not synonymous with cerebral palsy. The three major types of cerebral palsy are: Spasticity: affects about 50% of persons with cerebral palsy. It is characterized by tight muscles that tend to contract strongly when movement occurs. The muscles may continue to contract repetitively. Athetosis: about 25% of people with cerebral palsy are diagnosed as athetoid. It is characterized by a constant recurring series of involuntary or purposeless movements of the hands, feet or trunk. Ataxia: affects about 7% of people with cerebral palsy. It is characterized by lack of balance, frequent falls and tremor of the hands and feet. Ataxic cerebral palsy is not to be confused with the disease, ataxia, a progressive disorder that is inherited (Schut and Pantell, 1978).

Each type of cerebral palsy can have a wide range of severity. One particular type is not necessarily more limiting than another.

5. People with cerebral palsy can marry and have normal children. True False

True. People who have cerebral palsy "are sexually normal and can have normal children" (Davis, 1977, p. 7). It's recommended that people with cerebral palsy consider their emotional fitness for marriage, and their economic and/or physical capacity to care for a home and family. As Davis (1977) points out, these are the same considerations as for anyone contemplating marriage.

6. Can people with cerebral palsy be employed in the competitive labor market? Yes No

Yes. Employment statistics indicate that with training many individuals with cerebral palsy can be competitively employed (Davis, 1977).

References

Davis, K. It's about time physical disabilities came out in the open! Part II. Madison, WI: Wisconsin Vocational Studies Center of the University of Wisconsin-Madison, 1977.

Schut, L. J., & Pantell, P. R. Ataxia. In R. M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

Answers about Medical Aspects

Epilepsy

1. Is epilepsy usually inherited? Yes No

No. Epilepsy is not hereditary (Davis, 1977). Some experts say that an inherited brain wave dysrhythmia may predispose some individuals to development of epilepsy, but only a small percentage of these people develop seizures. Other experts deny any relationship at all between epilepsy and heredity.

Epilepsy is caused by improper function of brain cells. Temporary buildups of electrical impulses in some nerve cells in the brain affect the brain's functioning. As a result, the brain temporarily loses control of muscles or consciousness. Epilepsy can occur when the brain has been injured by any of the following: lack of oxygen, prenatal or birth injuries; brain damage resulting from accidents; tumors, infectious diseases, or other disorders that alter the chemical balance in the body. In many cases the cause is unknown.

2. Do seizures always involve convulsions? Yes No

Yes. There is much confusion about this point--so much so that we found contradictions in the literature and finally consulted with a physician for clarification. The terms seizure and convulsion are synonymous. However, seizure is the preferred term since the term convulsion carries with it the negative connotation of having a "fit" (Biel, 1980). *Grand mal* seizures, which are characterized by loss of consciousness, muscle rigidity and jerking of the limbs, are probably most often associated with convulsions by the general public. However, even *petit mal* seizures, consisting of a lapse of consciousness lasting only a few seconds, involve a form of convulsion.

3. Can epilepsy be cured through treatment with drugs? Yes No

No. Drugs cannot cure epilepsy in that they cannot guarantee a seizure will never occur again. However, use of anticonvulsant drugs can control seizures to varying degrees. With proper medication, over 50% of individuals with epilepsy can be free of seizures. Another 30% of individuals can gain partial control of seizures. For the remaining, seizures can be only poorly controlled (Davis, 1977).

4. The behavior of someone experiencing a psychomotor seizure might be mistaken for behavior of someone who is drunk. True False

True. Psychomotor seizures, lasting up to 15 or 20 minutes, are characterized by loss of awareness and unusual behavior patterns. The person may repeat meaningless phrases, or move quickly or rhythmically in a meaningless or inappropriate manner. The unusual behavior pattern of a person experiencing a psychomotor seizure is often mistaken for that of a drunk (*Recognition and first aid*, 1973). It is especially important that policemen, firemen and others who meet the public become aware of characteristics of the different types of seizures so that embarrassing and potentially dangerous mistakes can be avoided.

5. If a person has a seizure, you should:

   a. call a doctor as quickly as possible
   b. place a spoon in the person's mouth
   c. restrain the person's movements
   d. allow the convulsion to continue
   e. all of the above

   d. allow the convulsion to continue. Do not attempt to stop the seizure once it has started. Let the seizure run its course. This usually takes a few minutes. Do not call a doctor unless the seizure continues for more than 10 minutes or the person appears to pass from one seizure to another without regaining consciousness. Do not attempt to put anything between the person's teeth or attempt to force the person's mouth open. Do not attempt to restrain the person's movements. Instead, clear the area around the person of any hard, sharp or hot objects and place a pillow or rolled-up coat under the person's head.

6. To the observer, the person having a petit mal seizure may appear to be daydreaming. True False

   True. Petit mal seizures (pronounced petty-mahl) are characterized by loss of awareness which may be observed as a blank stare or flickering of the eyes. They usually last only several seconds each. After the seizure the person resumes activity often unaware that a seizure has occurred. To the observer the person may appear to be daydreaming.

   In summary, there are three main forms of seizures: grand mal (see answer to question 2), petit mal, and psychomotor (see answer to question 4).

7. Are some people who have epilepsy able to drive? Yes No

   Yes. In some states, a person with controlled epilepsy can receive a temporary driver's license by having a physician's statement that he or she has been free of seizures for a certain period of time. The time period varies from state to state. The temporary license can be renewed if periodic reports from the physician indicate the person continues to be free of seizures.

8. If a person who has epilepsy appears to be sleepy and awkward, it is most likely that he or she:

   a. is about to have a seizure
   b. didn't get enough sleep
   c. is reacting to medication

   c. is reacting to medication. Possible side-effects of anticonvulsant drugs include fatigue, drowsiness, awkwardness, nausea, fever, diarrhea, double vision or skin rash. Sometimes adjustment of dosage can alleviate the side-effects.

   Sleepiness or awkwardness are not usually associated with an impending seizure. Some people do experience a warning, which is called an aura. It may be the sensation of an unusual odor, sound or feeling that immediately precedes a seizure.

References

Davis, K. _It's about time physical disabilities came out in the open! Part III._ Madison, WI: Wisconsin Vocational Studies Center of the University of Wisconsin-Madison, 1977.

Recognition and first aid for those with epilepsy: Guidelines for those who meet the public. Washington, D.C.: Epilepsy Foundation of America, 1973.

Reference Note

Beil. Personal communication, January 14, 1980.

Answers about Medical Aspects

Hearing Impairment

1. Is medical treatment usually effective in correcting most forms of hearing loss? Yes No

No. "Medical treatment has rather little to offer to restore lost hearing, but preventive medicine can and does contribute greatly to the conservation of hearing" (Davis & Fowler, 1970, p. 140). In some cases, loss of hearing associated with blockage or infection can be alleviated by medication or surgery. However, once sensory cells or nerve fibers have degenerated, they cannot be restored (Davis & Fowler, 1970).

2. Can hearing aids restore normal hearing capacity to most people with hearing loss? Yes No

No. "No hearing aid can ever compensate completely for a hearing loss" (Niemoeller, Silverman & Davis, 1970). In many cases hearing aids cannot restore hearing to a level that allows for easy comprehension of ordinary conversation. Don't assume that because an individual is wearing a hearing aid, he or she will be able to hear what is said in conversation.

3. A deaf person's language skills are an indication of level of intelligence. True False

False. Language skills among severely hearing impaired people vary greatly. A deaf person's written language may seem ungrammatical or confusing and speech may be difficult to understand. However, a deaf person's language skills should in no way be considered an indication of level of intelligence. In fact, the person's language skills are more accurately a reflection of the age of onset, type and degree of hearing loss and interaction with family, peers and teachers during childhood and early educational years (Patterson & Stewart, 1971).

4. Can a person who has never heard spoken words ever learn to talk? Yes No

Yes. With special training, some individuals who have been deaf since birth can learn to talk. However, deaf speech may be difficult to understand, particularly at first. In understanding a deaf person's speech, it's sometimes helpful to watch the person's lips as he or she speaks instead of focusing only on the sounds of the words.

5. Hearing loss that occurs before language is mastered usually affects the ability to deal with abstract concepts. True False

True. Pre-lingually deaf people who are either congenitally deaf or lose their hearing before age five often have difficulty with conceptualization and abstract thinking. This difficulty occurs because the normal patterns of language acquisition have been interrupted.

6. After a person learns lipreading, he or she can understand practically everything said so long as the speaker's lips are clearly visible. True False

False. Even under the best of circumstances, the alert and well trained lipreader is likely to understand only 25-30% of spoken English. Many of the sounds of the English language look identical on the lips. In addition, numerous factors can interfere with lipreading—improper lighting, presence of a mustache or hand held near the speaker's mouth.

7. A common cause of depression after severe loss of hearing is the absense of background sounds of the environment. True False

True. The background sounds of the environment help us to feel alive and in touch with the world. When individuals become deaf, they often experience depression because they no longer have contact with the auditory background of the environment—the sounds of traffic, the tick of a clock, muffled voices in another room (Ramsdell, 1970). According to Ramsdell (1970), "an extremely important step toward relieving the characteristic depression is taken when the deaf person realizes the reason for his emotional state" (p. 439).

References

Davis, H., & Fowler, E. P. The medical treatment of hearing loss and the conservation of hearing. In H. Davis & S. R. Silverman (Eds.), Hearing and deafness (3rd ed.). New York: Holt, Rinehart & Winston, 1970.

Niemoeller, A. F., Silverman, S. R., & Davis, H. Hearing aids. In H. Davis & S. R. Silverman (Eds.), Hearing and deafness (3rd ed.). New York: Holt, Rinehart & Winston, 1970.

Patterson, C. H., & Stewart, L. Principles of counseling with deaf people. In A. E. Sussman & L. G. Stewart (Eds.), Counseling with deaf people. New York: Deafness Research and Training Center, New York University School of Education, 1971.

Ramsdell, D. A. The psychology of the hard-of-hearing and the deafened adult. In H. Davis & S. R. Silverman (Eds.), Hearing and deafness (3rd ed.). New York: Holt, Rinehart & Winston, 1970.

Answers about Medical Aspects

Mental Retardation

1. Mental retardation is a condition that can vary in its severity. True False

True. "Mental retardation refers to significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior, and manifested during the developmental period" (Dunham & Dunham, 1978, p. 459). The level or severity of mental retardation varies. There are four degrees or levels: mild, moderate, severe and profound. Intelligence test scores are typically used to designate the levels of mental retardation as follows:

level	Stanford-Binet Score	Weschler Score
mild	68-52	69-55
moderate	51-36	54-40
severe	35-20	39-25
profound	19-below	24-below

2. Almost all cases of mental retardation are inherited. True False

False. "Only a small proportion of mental retardation is caused by heredity. In the majority of cases, retardation occurs after conception, e.g. during birth, as a result of a deprived environment" (Chipouras, Cornelius, Daniels & Makas, 1979). Poor health care and nutrition and ingestion of toxic substances can also cause mental retardation.

3. Mental retardation can result from lack of social or environmental stimulation at an early age. True False

True. If a child does not receive sufficient social or environmental stimulation at an early age, these factors can contribute to mental retardation.

4. Which characteristics are descriptive of retarded people's personalities?

a. they are happy and easygoing
b. they prefer the company of other mentally retarded people
c. they are overly affectionate
d. all of the above
e. none of the above

e. none of the above. There are no certain personality characteristics that can be attributed to the mentally retarded population, just as there are none for the "normal" population. Mentally retarded people are individuals with different temperaments, feelings and behavior patterns.

5. Mentally retarded individuals lack the capacity to evaluate their own behavior and compare themselves to others. True False

False. From their experiences in counseling mentally retarded people, Rusalem and Malikin (1976) report that mentally retarded people are often concerned about the way that others see them. Often counselors and others assume that self-concept is too abstract for comprehension by mentally retarded individuals and, as a result, the area of self-concept is often neglected with mentally retarded individuals.

6. With proper training, can individuals with mild or moderate retardation learn to perform fairly complex job tasks? Yes No

   Yes. Results from specially designed job training programs indicate that, with proper step-by-step instruction and practice, some mentally retarded individuals can learn to perform fairly complex tasks.

7. Can individuals who are mentally retarded marry and care for families? Yes No

   Yes. With training, supervision, and emotional and/or financial support, individuals who are mentally retarded can cope with the responsibilities of marriage and parenthood (Chipouras et al., 1979).

References

Chipouras, S., Cornelius, D., Daniels, S. M., & Makas, E. Who cares? A handbook on sex education and counseling services for disabled people. Washington, D.C.: The Sex and Disability Project of George Washington University, 1979.

Dunham, J. R., & Dunham, C. S. Mental retardation. In R. M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

Rusalem, H., & Malikin, D. (Eds.). Contemporary vocational rehabilitation. New York: New York University Press, 1976.

Answers about Medical Aspects

Orthopedic Handicap

1. With spinal cord injury, does the extent of paralysis depend upon the point at which the spinal cord is injured? Yes No

   Yes. The level of the injury to the spinal cord generally determines the extent to which the person is paralyzed. For example, a person who has a spinal cord injury at neck level is likely to have quadraplegia, paralysis involving all four limbs. A person with a spinal cord injury at the level of the lower back is likely to have paraplegia, paralysis of the legs.

2. Even though there is no sensation in paralyzed parts of the body, the person should not ignore external conditions like heat, cold or pressure. True False

   True. The person should be especially careful to take measures to prevent development of pressure sores which result from prolonged pressure on a bony prominence. Usually, under "normal" circumstances, excessive pressure is experienced as discomfort thereby signalling the person to shift position. However, with spinal cord injury there is decreased sensation and the message to shift position cannot be transmitted. This prolonged pressure leaves the skin susceptible to breakdown or ulceration. Usually pressure sores can be prevented by frequent change of position, daily skin inspection, proper hygiene and good nutrition (National Resource Directory, 1979).

3. Is the person with paraplegia or quadraplegia especially susceptible to diseases of the organs of elimination? Yes No

   Yes. Individuals who are paraplegic or quadraplegic are susceptible to diseases or infections involving the urinary tract or the bowel. They develop and follow individualized routines of bladder and bowel care that minimize the chance of infection. In some cases, medications are prescribed as a preventive measure.

4. Does emotional adjustment to a traumatically sustained disability follow a predictable pattern and timetable? Yes No

   No. Milhous (1979) has proposed the following stages in adjustment to traumatic spinal cord injury: crisis, denial, depression, resolution and reconstruction. Although these stages can help delineate some of the reactions a person might experience in the adjustment process, there is no standard pattern or timetable for adjustment to traumatic disability. It is an individual process that varies from person to person.

5. Emotional adjustment to an orthopedic impairment depends upon:

   a. the person's previous attitudes toward handicapped individuals
   b. what the impairment personally "means" to the individual
   c. reaction of family and friends
   d. all of the above

   d. all of the above. An individual's response to a traumatically sustained disability seems to depend upon the person's previous attitudes toward handicapped people, the individual meaning of the disability, and the reactions of family and friends.

6. People who are paralyzed are no longer interested in sex. True False

False. Like other people, people with orthopedic handicaps are sexual beings. Some orthopedically handicapped people have normal sexual functioning and some have limitations in sexual functioning because of the disability. But no matter how severe the disability, all people with orthopedic handicaps can enjoy sexual relationships if sexual activity is adapted to accommodate the disability (Free Wheeling, 1978).

7. A common cause of underdevelopment of social skills among orthopedically handicapped individuals is lack of intelligence. True False

False. Some orthopedically handicapped individuals may have underdeveloped social skills often resulting from lack of opportunity to interact socially due to architectural and attitudinal barriers. Expansion of opportunities for orthopedically handicapped people to interact with others will enable them to develop social skills and effective ways of relating in a range of interpersonal situations.

References

Free wheeling. Washington, D.C.: Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, 1978.

Milhous, R. Emotional adjustment to spinal cord injury. In National Resource Directory. Newton Upper Falls, MA: National Spinal Cord Injury Foundation, 1979.

National resource directory. Newton Upper Falls, MA: National Spinal Cord Injury Foundation, 1979.

Answers about Medical Aspects

Visual Impairment

1. If a person is "legally blind," does that mean the person cannot see at all? Yes No

   No. In the United States, legally blind is defined as vision of 20/200 or less in the best eye with the best possible correction, or visual acuity of more than 20/200 when the width of the field of vision is 20 degrees or less. Simply stated, a person who is legally blind can see—with best correction—at 20 feet what a person with normal vision can see at 200 feet. Or, the person has a very narrow field of vision.

2. Which cause of visual impairment can be prevented by early diagnosis and treatment?

   a. diabetes
   b. cataracts
   c. glaucoma
   d. macular degeneration

   c. glaucoma. This disease, which develops gradually and painlessly, involves increased fluid pressure inside the eyeball. When left untreated, it can reduce vision to a tiny spot in the center of the visual field and eventually result in blindness (Dunham, 1978). Glaucoma can be arrested by drugs or surgery; however, resulting visual impairment cannot be reversed. If the condition is diagnosed and treated early, little or no visual impairment will occur.

   Visual problems are often associated with diabetes. Diabetes-induced visual problems are characterized by retinal hemorrhages and drainage that can reduce vision and sometimes cause blindness. Duration of the diabetes rather than severity is seen as the important factor in producing visual changes.

   Cataracts involve a cloudiness of the lens that blocks the light necessary for vision. Symptoms include blurring vision, double vision and need to change glasses frequently. Surgery and use of corrective lenses is about 95% effective in treating cataracts.

   Macular degeneration usually occurs with aging. It affects the central part of the retina. Individuals with this condition can have good peripheral vision but are unable to see clearly in the central field of vision.

3. Compared to a century ago, the blind population today is older and more often has multiple handicaps. True False

   True. Characteristics of the blind population have changed. These changes have occurred as a result of medical advances that save the lives and increase the life span of infants with multiple handicaps and as a result of increasing use of safety precautions. Accidents now account for fewer than 3% of the cases of blindness. Diseases and conditions associated with aging account for almost 50% of blindness. Today, the great majority of visually impaired people are aged or have multiple handicaps (Dickman, 1972).

4. Blind people often have poor posture and unusual movements of the head and body because of nerve degeneration that frequently accompanies blindness. True False

4. False. Physical characteristics manifested by some blind individuals like poor posture or unusual or repetitive movements of the head or body are usually not physically based. With proper training, blind individuals can learn more socially acceptable behavior.

5. Do blind people have exceptionally keen senses of touch and hearing? Yes No

No. Individuals who are blind do not tend to have senses that are more keen than those of sighted people. However, individuals who are blind do learn to make better use of their senses.

6. Which of the following sensations do blind people use in orientation and mobility?

a. hearing
b. smell
c. kinesthetics
d. sensation of temperature
e. all of these

e. all of these. Blind individuals learn to use a variety of cues and sensations in getting oriented and moving about on their own. These include the sense of hearing, touch, smell, kinesthetics (the feeling of movement of muscles, tendons and joints), equilibrium, and the sensation of temperature change (How Does a Blind Person Get Around).

7. The most common means of travel or mobility for the majority of people with severe visual impairment is:

a. guide dog
b. prescription cane
c. sighted guide
d. electronic device.

b. prescription cane. The most common means of travel for most visually impaired people is the long cane or the prescription cane. The prescription cane is a fiberglass or aluminum shaft about ½-inch in diameter. It is called a prescription cane because it is specially prescribed by a mobility specialist to fit the user's height, length of stride and comfort.

Dog guides are a very familiar sight; however, only about 1% of the blind population uses a dog. Many individuals do not meet the criteria for using a guide dog--between ages 16 and 55, good health, good hearing, temperament to handle a dog, and without any useful vision that might interfere with reliance on the dog. Many who qualify simply do not feel a dog would fit into their lifestyles (How Does a Blind Person Get Around).

Many blind individuals sometimes use a sighted guide in helping them get around particularly in crowded places like a concert hall or restaurant. A number of electronic mobility devices have been developed recently. However, many are in the early stages of design and are not yet available for general distribution (How Does a Blind Person Get Around).

8. Do most blind people use braille? Yes No

No. Only a small proportion of the legally blind population uses braille. Many blind individuals rely on recorded or taped information. Also, a number of electronic devices have been developed for use by blind individuals including "talking" calculators, and various electronic reading machines that enable blind people to "read" printed material.

References

Dickman, I. R. Living with blindness. New York: Public Affairs Committee, 1972.

Dunham, J. R. Blindness and visual impairment. In R. M. Goldenson (Ed.), Disability and rehabilitation handbook. New York: McGraw-Hill, 1978.

How does a blind person get around? New York: American Foundation for the Blind.

Interviewing Hints

1. Comfortable room arrangement. Arrange the room to be comfortable. For example, make sure the person being interviewed is not facing into bright sunlight when looking at you. Have reasonably comfortable chairs placed at a 90° angle for use during the interview.

2. Relaxing atmosphere. Reduce the level of fomality and authority to allow the person to begin to relax. This can be facilitated by placing the chairs at a 90° angle as described above without a desk or table between you. Be interested in information the individual volunteers without your asking.

3. Using questions. Avoid use of questions that begin with "Why." "Why" questions tend to place people on the defensive. Instead, ask "What caused you to...?" or "What were some of the reasons you...?"

   Use open-ended questions rather than closed-ended questions. Closed-ended questions are questions that can be answered yes or no or require only one or two-word answers. When possible use indirect questions, such as "tell me about..." or "I need more information about...," rather than specific questions. Indirect questions are open-ended and encourage the person to provide more information and engage in self-exploration. Avoid repeated use of questions that begin with the words "Did you...?", "Are you...?" and "Do you...?" These tend to be closed-ended questions.

Practice in Recognizing Open-ended Questions

	Open-Ended	Closed-Ended	Questions
Example A	X		Tell me about your family.
Example B		X	Do you have a large family?
1.			Does your fiance want you to attend that college?
2.			How many are there in your family?
3.			What happened next?
4.			What are the reasons you are so involved?
5.			Did you decide to take that job?
6.			Tell me about school.
7.			How long have you been out of work?
8.			What's your new job like?

4. Attending behaviors. Attend to the person you are interviewing. Attending involves those behaviors that let the other person know that you are listening and understanding and that you are interested. Attending behaviors include the following: establish eye contact without staring, lean forward toward the other person, act as relaxed and natural as possible, maintain an appropriate facial expression, and verbally follow what the participant says. Verbal following means asking questions or making comments as well as listening to what is said.

5. Using feeling words. Use words that let the person know you are sensing his or her feelings. To get in tune with the person's feelings, the interviewer may say, "You seem to feel..." However, don't start most of your responses with the words "You feel" as this will seem unnatural.

6. Listening to what the person is really saying. Consider the feelings as well as content expressed by the person. Both are necessary components in understanding what the individual is saying. Examples of feelings and content:

Feeling Expressed	Content
Happy	about being promoted
Angry	at boss for firing me
Sad	because she moved away
Hurt	when he forgot to call

7. Reflecting content and feeling. Make brief statements that summarize both the content of what the person has said and the feelings expressed. For example if the individual said: "There doesn't seem to be much to do all day. I just wish there was something constructive I could do with my time -- maybe a job." The interviewer might say: "You seem to be feeling frustrated and you wonder if a job would help" or, "It sounds like you're not satisfied with the way you spend your time and you'd like to consider some alternatives."

   These responses reflect the content and the feelings associated with the person's statement. They let the individual know you understand what he or she has said and they provide clarification.

8. Observing. Attend to physical as well as verbal cues to understand the person you are interviewing. For example, tone of voice may tell more about the speaker's feelings than the words being said. The individual's posture and movements of hands or feet also provide clues to feelings.

9. Focusing on the person. Keep the focus on the person you are interviewing. When interviewing LCD program participants, discussion of family members should be in relationship to the participant's situation. Discourage long descriptions of family members or acquaintances. Draw the focus back to the person you are interviewing. This might be accomplished by asking, "How did his behavior affect you?"

10. Sharing information about yourself. Don't be afraid to share a little about yourself. However, don't allow the conversation to focus more on you than the person you are interviewing. In some cases the person being interviewed may want your opinion or evaluation of every point discussed. This should be discouraged.

11. Notetaking and recording. Notetaking during an interview is appropriate so long as it does not become the interviewer's primary focus. The main purpose of the interview is to gather information and observe the person's behaviors and responses. Valuable observations can be lost if your primary focus is notetaking. Taping the interview is a good alternative to notetaking so long as the person knows a tape is being made and has signed a permission slip. The purpose of the tape is to allow the interviewer more freedom for observation. Usually taping works best when it is mentioned matter-of-factly right before the first session begins and the person understand the purpose of the tape.

12. Adapting to the disability. When interviewing individuals who are disabled, consider ways in which the disability may affect the interaction and plan accordingly. Additional information about communication and interviewing with individuals who have various disabilities is listed in Readings. See the sections called "What Do You Do When" and "Counseling Techniques" for each disability.

We recommend that team members read The Helping Interview (2nd ed.) by Alfred Benjamin, published by Houghton Mifflin Company, Boston. $6.95. It provides an excellent introduction to interviewing skills in a practical and very readable manner.

Date ________________

TRAINEE EVALUATION
MODULE TWO

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	somewhat	adequately	well	very well
A. demonstrate understanding of attitudes that affect individuals with disabilities?	1	2	3	4	5
B. use techniques to build awareness of the problems and concerns of individuals who are disabled?	1	2	3	4	5
C. demonstrate understanding of the major characteristics and causes of six disabilities?	1	2	3	4	5
D. demonstrate understanding of interviewing and communication skills to facilitate interaction with disabled people and others?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List any activities or presentations you feel were particularly useful: ________________

4. List any activities or presentations you feel did not contribute to your learning: ________________

5. How could this module be improved? ________________

CHAPTER 11

TRAINING MODULE THREE

THE LIFE-CENTERED CAREER DEVELOPMENT PROGRAM MODEL

GOAL Familiarize trainees with the Life-Centered Career Development (LCD) Program Model and philosophy.

OBJECTIVES Trainees should be able to:

1. State the definition of life-centered career development espoused by the LCD Program.
2. Recognize the need for the Life-Centered Career Development Program.
3. Demonstrate knowledge of the roles of the LCD Team and the function of the LCD Advisory Committee.
4. Demonstrate understanding of the LCD Program Model.

Topic	Activity	Time
Defining Life-Centered Career Development	Presentation by Trainer and discussion	25 minutes
The 22 Life-Centered Competencies	Presentation by Trainer and Small Group Activity	30 minutes
The Need for Life-Centered Career Development	Activity and Presentation by Trainer	20 minutes
Introduction to the LCD Program	Presentation by Trainer	10 minutes
LCD Team Roles and Advisory Committee Functions	Presentation by Trainer	30 minutes
The LCD Program Model	Presentation by Trainer and Small Group Activity	25 minutes
	TOTAL	2 hrs. 20 min.

MATERIALS AND RESOURCES NEEDED

1. The following materials:
    - Sheets of newsprint, felt tip markers and masking tape.
    - The first page of MODULE THREE (page 173); 1 copy for each trainee.
    - Activity Sheet 1, "Defining Life-Centered Career Development" (page 1 copy for each trainee.
    - Handout 1, "The 22 Life-Centered Competencies" (page 185); 1 copy for each trainee.
    - Activity Sheet 2, "Exploring the Subcompetencies" (pages 187-190). For each group participating in the activity, prepare an envelope of materials in the following manner: Xerox 1 copy of each page of Activity Sheet 2 (pages 187-190). Cut each set of xeroxed pages apart along the dotted lines. Mix up the slips of paper and place them in an envelope for use during the small group activity, The 22 Life-Centered Competencies (page 175).
    - Handout 2, "The LCD Program Model" (page 191); 1 copy for each trainee.
    - "Trainee's Evaluation of MODULE THREE (page 193); 1 copy for each trainee.
2. Trainees will need to use their copes of the RESOURCE GUIDE.

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Read Chapter 1, Career Development, in Part 1 of the RESOURCE GUIDE. Become thoroughly familiar with the career development philosophy and definition. Definitions: career development is a systematic approach to acquiring skills and services necessary for achieving and maintaining the optimal degree of independence functioning throughout the life span.
2. Carefully read Chapter 3 and become thoroughly familiar with the roles of the LCD Team and functions of the Advisory Committee described in the chapter.

CONSIDERATIONS

1. MODULE THREE also may be used to introduce individuals other than team members to the LCD Program. For example, you may use this module to train LCD Advisory Committee members.

THE 22 LIFE-CENTERED COMPETENCIES (30 MINUTES)

1. Distribute Handout 1, "The 22 Life-Centered Competencies" to each trainee and ask them to follow along as you introduce the 22 Competencies. Convey the following information:

   The LCD Program defines the skills necessary for successful career development according to the 22 Life-Centered Competencies. These were proposed through Project PRICE (Programming Retarded in Career Education) as the skills needed for successful independent functioning.

   The 22 competencies are grouped into 3 areas: the Daily Living Domain, Personal-Social Domain and Occupational Guidance and Preparation Domain.

   The Daily-Living Domain represents those skills required for day to day living such as managing personal finances, maintenance of the home, cooking, recreation and leisure and transportation.

   The Personal-Social Domain involves skills related to self-awareness and interpersonal functioning such as acquiring self-confidence, maintaining good interpersonal relationships, problem solving and communication.

   The Occupational Guidance and Preparation Domain concerns the skills related to vocational development. These include exploring occupational possibilities, choosing a career, developing appropriate work habits, obtaining an occupational skill and acquiring job seeking skills.

   The 22 competencies are subdivided into a total of 118 subcompetencies. These provide behavioral descriptions of the specific skills related to each competency. (Note: There was an expansion and regrouping of the original subcompetencies.

2. Divide trainees into groups of 2-4 people.
3. Give each group an envelope containing the subcompetencies.
4. Read directions aloud as written:

READ:

THIS ACTIVITY WILL HELP YOU BECOME MORE FAMILIAR WITH THE 22 LIFE-CENTERED COMPETENCIES AND THEIR SUBCOMPETENCIES. THE ENVELOPE CONTAINS SLIPS OF PAPER ON WHICH SUBCOMPETENCIES ARE WRITTEN. MATCH EACH SET OF SUBCOMPETENCIES WITH THE APPROPRIATE COMPETENCY. USING THE 22 COMPETENCIES LISTED ON HANDOUT 1 AS YOUR GUIDE, NOTE THE COMPETENCY NUMBER ON THE TOP OF EACH SLIP AND ARRANGE THEM IN ORDER FROM 1 THROUGH 22. YOU WILL HAVE 15 MINUTES.

5. Circulate among groups and note points for later discussion.
6. Alert the groups when 5 minutes remain.
7. Ask each group to present their responses for one of the domains.
8. Answer questions and provide opportunities for discussion.

2. For the brainstorming activity under "The Need for Life-Centered Career Development," you may wish to divide trainees into groups if you are training a large number of people.
3. If you choose to give the trainees a break during the module, we recommend scheduling the break right after "The Need for Life-Centered Career Development."

DIRECTIONS

DEFINING LIFE-CENTERED CAREER DEVELOPMENT (25 MINUTES)

OPTION 1

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.
2. Divide trainees into groups of 4-6 people.
3. Give each trainee a copy of Activity Sheet 1, "Defining Life-Centered Career Development" and read directions aloud as written:

> READ:
>
> THE TERM "CAREER DEVELOPMENT" HAS BEEN DEFINED IN SEVERAL WAYS BY PROFESSIONALS IN THE FIELD AND THE GENERAL PUBLIC. ON THE ACTIVITY SHEET ARE LISTED COMMONLY HELD CONCEPTUALIZATIONS OF CAREER DEVELOPMENT. USE CONSENSUS FORMATION TO SELECT THE DEFINITION YOUR GROUP FEELS IS MOST APPROPRIATE AND RECORD REASONS FOR YOUR GROUP'S CHOICE IN THE SPACE PROVIDED ON THE SHEET. YOU WILL HAVE 10 MINUTES TO COMPLETE THE ACTIVITY.

4. Circulate between groups and note points for later discussion.
5. Alert the groups when 3 minutes remain.
6. Ask 1 member from each group to share the group's responses. Provide opportunities for discussion.
7. Discuss the conceptualization of career development espoused by the LCD Program. Convey the following information:

   The Life-Centered Career Development Program subscribes to Definition 4 which states: Career development is a systematic approach to acquiring skills and services necessary for achieving and maintaining the optimal degree of independent functioning throughout the life span.

   The term career is defined to include all productive "work" activities that relate to carrying out one's role as an employee, family member, citizen (e.g., volunteer work), and avocational endeavors that will be of benefit to oneself or others.

THE NEED FOR LIFE-CENTERED CAREER DEVELOPMENT (20 MINUTES)

1. Have the trainees choose a recorder for the large-group brainstorming activity. Provide newsprint and felt tip marker.

2. Read directions aloud as written:

> READ:
>
> INDIVIDUALS WITH DISABILITIES HAVE SPECIAL CAREER DEVELOPMENT NEEDS. FOR A VARIETY OF REASONS, THESE SPECIAL NEEDS EXIST RELATIVE TO ACQUIRING THE 22 COMPETENCIES AND MAINTAINING OPTIMAL INDEPENDENT FUNCTIONING. IN THIS ACTIVITY,YOU ARE TO BRAINSTORM ABOUT THE REASONS DISABLED PEOPLE HAVE SPECIAL NEEDS WITH REGARD TO ACHIEVING SUCCESSFUL LIFE-CENTERED CAREER DEVELOPMENT. YOU HAVE 3 MINUTES TO LIST AS MANY REASONS AS YOU CAN.

3. At the end of 3 minutes, ask the group to use the next 3 minutes to select 8 reasons they feel are most significant.

4. Ask the recorder to read the group's selection of 8 most significant reasons.

5. Conduct a brief discussion of these factors. If the following points are not mentioned by trainees, briefly describe them:

   Factors contributing to the special career development needs of disabled people:

   - Attitudinal and architectural barriers have precluded participation in many social, educational and vocational opportunities.
   - Usual modes of learning may be unavailable because of the disability (e.g., blind children are unable to learn aspects of cooking skills just by watching their parents).
   - Overprotectiveness by family and friends often hampers learning.
   - The medical model for routine health care has fostered dependence by keeping the disabled person in the role of patient.
   - Lack of the long-term, coordinated services often required to meet the disabled person's ongoing and changing needs.

INTRODUCTION TO THE LCD PROGRAM (10 MINUTES)

1. Review the history of the LCD Program. Convey the following information:

   The LCD Program was developed to address the kinds of special needs we've just discussed. The program was conceptualized and field tested by the LCD Project, a 3-year (1978-81) Research and Demonstration grant funded by the U.S. Office of Special Education to the University of Missouri-Columbia. Two community colleges participated extensively in the program development and field test--Brainerd Community College in Brainerd, Minnesota, and Iowa Central Community College in Ft. Dodge, Iowa. In addition, St. Louis Community College at Meramec in St. Louis, Missouri, and Indian Hills Community College in Ottumwa, Iowa, provided input at various stages of the projects.

2. Describe the purpose of the LCD Program. Convey the following information:

   The purpose of the Life-Centered Career Development Program is to improve opportunities for disabled adults to achieve their life goals.

   By creating a network of services and developing programs to fill unmet needs, the LCD Program improves availability of learning opportunities and services for disabled adults. In addition, the program benefits disabled individuals by providing training and support services to professionals and others who interact with disabled people.

3. Explain the contributions of the agencies and the community college to program success. Convey the following information:

   Both agency and community college involvement are essential to program success. The involvement of community agencies in the LCD Program contributes to the essential element of service linkage. This creates continuity and efficiency in service delivery and avoids duplication of existing services.

   The community college is a natural setting for the program. Participation in the community college environment typically commands a positive image and conveys a sense of normalcy to adults with disabilities. The LCD Program fits with the college's emphasis on community outreach and many community colleges are housed in relatively new facilities that have fewer architectural barriers.

LCD TEAM ROLES AND ADVISORY COMMITTEE FUNCTIONS (30 MINUTES)

1. Introduce the purpose of the team. Convey the following information:

   At the heart of the LCD Program is the LCD Team. Team members from the community and the community college serve as the core of manpower and expertise in conducting the LCD Program. The LCD Coordinator, who is also a member of the team, provides leadership and expertise to guide the group's efforts. In addition, the coordinator conducts public relations activities and provides direct services to disabled people and others involved with the program.

2. Introduce the roles of the team. Convey the following information:

   The components of the LCD Program have been organized into key areas called the 7 roles of the team. These 7 roles are central to implementation and evaluation of the LCD Program. It is essential that each of you develop a clear understanding of each role and master a working knowledge of relationships between the roles in the context of program development.

   (Include the remaining sentences only if trainees are team members who will go through team training.)

   I will introduce briefly the 7 roles of the team. Team training includes modules that cover each role in depth. As we discuss the 7 roles throughout team training, consider the areas that interest you most. This will help in choosing team members' areas of specialty on the team.

3. Ask trainees to turn to page 40 of Chapter 3 of the HANDBOOK and follow along as you describe the roles of the team

4. Using page 40, as a guide, review the goal and description of each of the 7 roles.

5. Introduce the purpose of the LCD Advisory Committee. Convey the following information:

   The LCD Advisory Committee serves as an important resource to assist the team in program development and implementation.

6. Ask team members to turn to page 52 of Chapter 3 of the HANDBOOK and follow along as you describe the functions of the advisory committee.

7. Using page 53 as a guide, review the goal and description of the functions of the LCD Advisory Committee.

THE LCD PROGRAM MODEL (25 MINUTES)

1. Display a poster of the LCD Program Model so it is clearly visible to the group. Demonstrate by pointing as you introduce the model. Convey the following information:

   The LCD Program's components and process are depicted graphically in the LCD Program Model. The model flows in two directions. The vertical flow depicts LCD services to individuals with disabilities.

   Depending upon the person's needs and goals, team member(s) may recommend or provide one or more of the 7 LCD services: Career Assessment, LCD Planning, Instruction, Advocacy, Training, Information Service, and Resource Collection. Successful career development is the goal of LCD services to adults with disabilities.

The horizontal flow of the model depicts the LCD services provided to the agencies and community and to the community college. Services provided to agencies and community include Training, Information Service, and Resource Collection. To the community college, faculty, staff and students the team also provides Training, Information Service and Resource Collection.

As shown by the vertical and horizontal flow of the model, the LCD Program involves two areas of service. The vertical flow depicts services to individuals with disabilities. The horizontal flow depicts services to professionals, family members and others. These services benefit the disabled population by better preparing others to interact successfully with disabled people and meet their career development needs. It is important to keep in mind the dual focus of the LCD Program which helps to clarify the target populations for various program services.

2. Ask trainees to divide into pairs and turn to the LCD Program Model on page 38 of Chapter 3 of the HANDBOOK and read the directions aloud as written.

> READ:
>
> THIS ACTIVITY WILL GIVE YOU AN OPPORTUNITY TO TRY OUT YOUR UNDERSTANDING OF THE LCD MODEL AND PROGRAM. ONE OF YOU WILL BE IN THE ROLE OF AN LCD STAFF MEMBER. THE OTHER WILL ASSUME THE ROLE OF A COLLEAGUE WHO HAS SEEN A COPY OF THE LCD PROGRAM MODEL. THE COLLEAGUE COMES TO THE STAFF MEMBER REQUESTING AN EXPLANATION OF THE MODEL. EXPLAIN THE MODEL AND ANSWER THE COLLEAGUE'S QUESTIONS. AFTER 5 MINUTES, SWITCH ROLES.

3. Circulate between groups and note points for later discussion.

4. Alert the groups when 1 minute remains.

5. At the end of the 5 minutes, ask them to switch roles and monitor the time in the same manner.

6. When the second 5 minute period is over, provide an opportunity for trainees to ask questions and react to their experiences.

7. Ask those trainees who will continue training with MODULE THREE to read Chapter 8: "Team Training, Techniques and Activities" before the next session. Provide copies of Chapter 8, if they do not already have copies.

8. End the session by distributing "Trainee Evaluation" forms (page 193) and asking trainees to complete their evaluations of the module.

ADDITIONAL REFERENCES

Brolin, D.E. (Ed.). Life centered career education: A competency based approach. Reston, VA: Council for Exceptional Children, 1978.

Burkhead, E.J., Domeck, A.W., & Price, M.A. The severely handicapped person: Approaches to career development. Columbia, MO: University of Missouri-Columbia, 1979 (ERIC Document Reproduction Service No. ED 178 114).

Flanagan, W.M. & Schoepke, J.M. Lifelong learning and career development needs of the severely handicapped. Columbia, MO: University of Missouri-Columbia, 1978 (ERIC Document Reproduction Service No. ED).

Brolin, D.E. & Kolstoe, O.P. The career and vocational development of handicapped learners. Columbus, OH: National Center for Research in Vocational Education, 1978 (ERIC Document Reproduction Service No. 135) $5.10.

DEFINING CAREER DEVELOPMENT

Listed below are commonly held conceptualizations of Career Development. Use consensus formation to select the definition your group feels is most appropriate. In the space below, indicate the definition your group has chosen and why.

Definition 1. Career development is synonymous with acquiring satisfactory employment.

Definition 2. Career development refers to provision of continuing or adult education courses for personal and professional enrichment throughout the life span.

Definition 3. Career development consists of the lifelong experiences involved in preparing for and maintaining maximum vocational achievement.

Definition 4. Career development is a systematic approach to acquiring skills and services required to achieve and maintain the optimal degree of independent functioning throughout the life span.

We believe the most appropriate definition of career development is:

We believe this is the most appropriate definition because:

MODULE THREE
Handout 1

THE 22 LIFE-CENTERED COMPETENCIES[1]

Domain	Competency
Daily Living Domain	1. Manage Family Finances
	2. Select, Manage and Maintain a Home
	3. Care for Personal Needs
	4. Family Living and Raising Children
	5. Plan, Buy, and Prepare Food
	6. Buy and Care for Clothing
	7. Engage in Civic Activities
	8. Utilize Recreation and Leisure
	9. Get Around the Community (Mobility)
Personal-Social Domain	10. Achieve Self-Awareness
	11. Acquire Self-Confidence
	12. Achieve Socially Responsible Behavior
	13. Maintain Good Interpersonal Relationships
	14. Achieve Independence and Interdependence
	15. Achieve Problem-Solving Skills
	16. Communicate Adequately with Others
Occupational Guidance and Preparation Domain	17. Know and Explore Occupational Possibilities
	18. Select and Plan Occupational Choices
	19. Exhibit Appropriate Work Habits and Behaviors
	20. Possess Physical-Manual Skills
	21. Obtain a Specific Occupational Skill
	22. Seek, Secure, and Maintain Employment

---

[1] Brolin, D.E. (Ed.). *Life centered career education: A competency based approach*. Reston, Virginia: Council for Exceptional Children, 1978.

EXPLORING THE SUBCOMPETENCIES

COMPETENCY ______________________

- Identify various forms of money
- Count money and make change
- Make appropriate investments such as insurance, savings, property
- Obtain and use bank and credit facilities
- Keep financial records
- Spend within a budget
- Calculate and pay taxes
- Begin planning for retirement

COMPETENCY ______________________

- Practice (when desired) effective methods of contraception
- Respond to needs of spouse and children
- Explain how to care for a child's physical needs before and after birth
- Provide a safe environment for child(ren) by observing safety principles
- Adjust to changing circumstances in family (divorce, death, etc.)

cut along dotted lines

COMPETENCY ______________________

- Select adequate housing for self and/or family
- Maintain the inside of a home (cleaning, repairs, and decorating)
- Use basic appliances and tools
- Maintain the outside of a home

COMPETENCY ______________________

- Plan balanced meals for both his/her and family's needs
- Purchase food within budget according to planned meals
- Prepare food using appliances and utensils needed
- Clean up kitchen after meal preparation
- Store food based on properties of food (perishable vs. canned food)

COMPETENCY ______________________

- Choose clothing appropriate for season and the occasion
- Take care of personal hygiene needs
- Explain the relationship of physical fitness, nutrition, and weight
- Explain illness prevention and treatment methods
- Describe physical characteristics for one's age group
- Describe psychological characteristics for one's age group

COMPETENCY ______________________

- Purchase clothing for self and family
- Launder washable clothing and send others to dry cleaners
- Iron and put away clothing
- Sew on buttons and do simple mending
- Do simple alterations on one's clothes

MODULE THREE
Activity Sheet 2
Continued

EXPLORING THE SUBCOMPETENCIES

COMPETENCY ________________________

- Know basic laws and penalties for breaking the law
- Know citizenship rights and responsibilities
- Know how to register and to vote
- Know what to do when stopped by a policeman--rights and responsibilities
- Know environmental/conservation issues

COMPETENCY ________________________

- Know physical strengths and limits
- Identify his/her interests and abilities
- Recognize emotions in self and others
- Identify his/her needs
- Develop inner control as opposed to external or other control
- Use his/her strengths to provide for others' needs (spouse, children)
- Know his/her values
- Recognize his/her own aging process and eventual death

COMPETENCY ________________________

- Participate in group activities
- Know activities and resources available
- Understand value of recreation
- Use recreational facilities in the community
- Plan and choose activities according to interests
- Plan vacations according to one's capabilities and time restrictions
- Demonstrate good sportsmanship

COMPETENCY ________________________

- Feel worthwhile when he/she thinks about self
- Know what others see in him/her
- Accept praise
- Accept criticism
- Believe in self
- Have a life plan

cut along dotted lines

COMPETENCY ________________________

- Know traffic rules and safety principles
- Use various means of public transportation
- Drive a car, motorcycle or ride a bicycle

COMPETENCY ________________________

- Know rules and expectations of society
- Behave in public in manner that does not cause problems for self
- Demonstrate respect for rights of others
- Know how to act in various roles he/she plays (spouse, worker, etc.)

EXPLORING THE SUBCOMPETENCIES

COMPETENCY____________________

Listen and respond to others attentively

Make and maintain friendships with various kinds of people

Know sex role behavior

Possess a close sharing relationship with one or more persons

COMPETENCY____________________

Recognize emergency situations

Read at level needed for future goals

Write at level needed for future goals

Speak, gesture or use other methods so others communicate with him/her

Understand the subtleties of communication

Know how and where to locate needed information

Assist family in learning to communicate feelings and meanings

COMPETENCY____________________

Understand the impact of his/her behavior on others

Take charge of his/her own life

Accept responsibility for meeting goals

Strive to reach his/her potential

Respect the needs of parents, spouse, children and close friends

Consider others' needs when meeting his/her own

cut along dotted lines

COMPETENCY____________________

Identify personal values met through work

Identify societal values met through work

Identify aspects of work related to pay (wage and salary)

Understand existence of certain occupational classifications

Identify occupational opportunities available locally

Identify sources of occupational information

COMPETENCY____________________

Identify bi-polar concepts such as good-bad

Understand the need for goals

Consider alternatives

Anticipate consequences of one's actions

Know where to find good advice

Make plans for future events (education of self and children, etc)

COMPETENCY____________________

Identify major occupational needs

Identify major occupational interests

Identify major occupational aptitudes

Identify requirements and demands of appropriate and available jobs

Make realistic occupational choices at all stages of adult life

Utilize past experience to locate occupation meeting current needs

Consider spouse's occupational role in relationship to his/hers

EXPLORING THE SUBCOMPETENCIES

COMPETENCY ____________

Follow directions

Work with others cooperatively

Accept supervision/supervise others appropriately

Know importance of good attendance and punctuality

Use appropriate communication skills at work

Meet quality standards for work

Follow occupational safety rules and principles

COMPETENCY ____21____

NOTE: Competency 21, Obtain a specific skill, is not divided into subcompetencies. Do not include it in this activity.

COMPETENCY ____________

Possess satisfactory balance and coordination for job chosen

Possess satisfactory dexterity for job chosen

Possess satisfactory stamina and endurance for job chosen

Possess satisfactory sensory discrimination for job chosen

cut along dotted line

COMPETENCY ____________

Search for a job using appropriate resources

Apply for a job including filling out application

Demonstrate good interviewing skills

Adjust to competitive standards (make production standards)

Seek help when things go wrong

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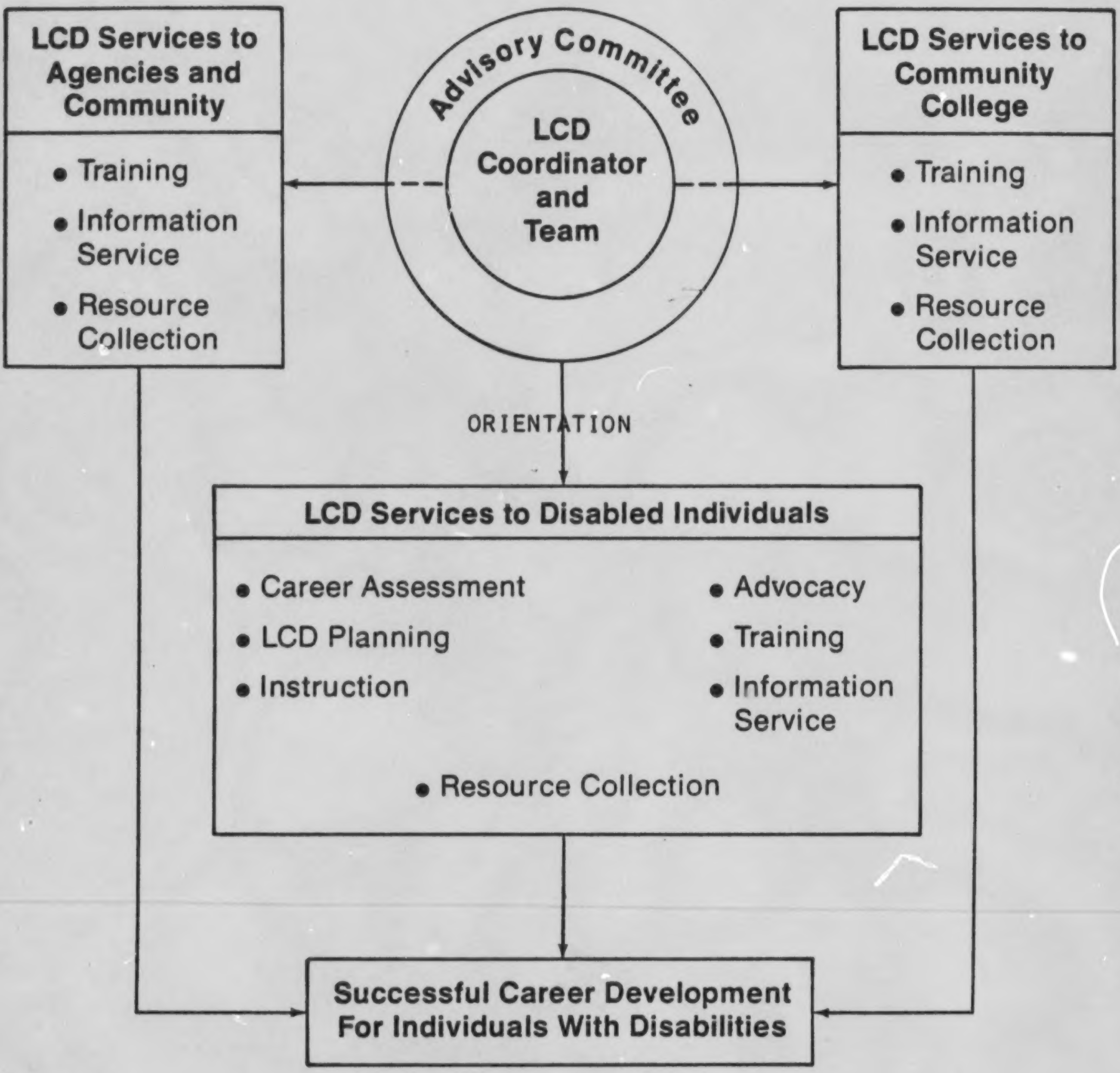
MODULE THREE
Handout 2

LCD PROGRAM MODEL


LCD Services to Agencies and Community
• Training
• Information Service
• Resource Collection
Advisory Committee
LCD Coordinator and Team
LCD Services to Community College
• Training
• Information Service
• Resource Collection
ORIENTATION
LCD Services to Disabled Individuals
• Career Assessment
• LCD Planning
• Instruction
• Advocacy
• Training
• Information Service
• Resource Collection
Successful Career Development For Individuals With Disabilities

Date________________

TRAINEE EVALUATION
MODULE THREE

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	some-what	adequately	well	very well
A. state the definition of life-centered career development espoused by the LCD Program?	1	2	3	4	5
B. recognize the need for the Life-centered Career Development Program?	1	2	3	4	5
C. demonstrate knowledge of the roles of the LCD Team and the function of the LCD Advisory Committee?	1	2	3	4	5
D. demonstrate understanding of the LCD Program Model?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List any activities or presentations you feel were particularly useful: ____________________

4. List any activities or presentations you feel did not contribute to your learning: ____________________

5. How could this module be improved? ____________________

CHAPTER 12

TRAINING MODULE FOUR

TRAINING

GOAL Prepare trainees to increase others' knowledge about disability-related issues through use of various training modes.

OBJECTIVES Trainees should be able to:

1. Understand the purpose of training needs assessment.
2. Develop training goals and objectives based on identified needs.
3. Design, plan and evaluate a training workshop.

Topic	Activity	Time
Training Needs Assessment	Presentation by Trainer	15 minutes
Writing Training Goals and Objectives	Presentation and Small Group Activity	35 minutes
Workshop Planning	Small Group Activity and Discussion	60 minutes
Goal and Objectives of the Role	Presentation by Trainer	10 minutes
	TOTAL	2 hours

MATERIALS AND RESOURCES NEEDED

1. List of "Training Needs Assessment: Disadvantages and Advantages" copied onto newsprint for use during discussion of Training Needs Assessment (page 197).
2. The following materials:
   - The first page of MODULE FOUR (page 195); 1 copy for each trainee.
   - Activity Sheet 1 "Summary of Training Needs Assessment (page 203) 1 copy for each trainee.
   - Handout 1, Examples of Goals and Objectives" (page 201); 1 copy for each trainee.
   - Handout 2, "Tips for Writing Training Workshop Goals and Objectives."
   - Activity Sheet #3, "Preplanning For Workshop," (page 206) 1 copy each trainee.
   - Trainee's Evaluation of MODULE FOUR (page 209); 1 copy for each trainee.
3. Trainees will need to use their copies of Chapter 8, Team Training, Techniques and Activities," in part II of the HANDBOOK.
4. Resource materials such as film catalogs, literature about attitudes toward disability and/or the RESOURCE GUIDE.
5. Goal and objectives of the Training role (page 200) written on newsprint.

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Read Chapter 8, "Team Training, Techniques and Activities," and become thoroughly familiar with the section on training design and activities.
3. Review Chapter 3 and MODULE FIVE making sure you understand the distinction between the roles of Training and Instruction.
4. Study Handout 1, "Examples of Goals and Objectives" (pages 201-202). Activity Sheet 1, "Summary of Training Needs Assessment" (page 203) and the sample goals and objectives on page 205. Consider other suitable training goals and objectives for this activity.
5. Well in advance of the session, notify trainees that they are to read carefully Chapter 8, "Training Techniques," before MODULE FOUR is conducted. Provide copies of Chapter 8 in advance if they do not already have copies.

CONSIDERATIONS

1. During the activity "Writing Training Goals and Objectives," the small groups undoubtedly will generate goals and objectives that differ from each other and from the sample presented on page 205. Variation is welcome so long as the goal and objectives make sense and are reasonably well written.
2. We recommend scheduling a break for trainees after the "Writing Training Goals and Objectives" activity. If any of the groups' goals and objectives need significant reworking, the trainer can use this opportunity to consult with members of the group(s).
3. The roles of Training and Instruction differ according to the target audience. Disabled adults are the target group to receive services under the role of Instruction. With the role of Training, the audience is broad. Professionals, family members, community college faculty and students, employers, disabled persons and others may receive training. This point should be explained to trainees.

DIRECTIONS

TRAINING NEEDS ASSESSMENT (15 MINUTES)

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.
2. Describe the importance of assessing training needs. Convey the following information:

   The first step in planning training is to assess what the target group needs and wants from training. Granted--it's tempting to assume you can judge what they need and want and forego the hassle generated by a needs assessment. However, with this approach you may spend considerable effort planning and conducting a program that completely misses the group's needs, wants and expectations.

3. Post the following list on newsprint of disadvantages and advantages of training needs assessment. Discuss the points listed.

Training Needs Assessment

Disadvantages	Advantages
• The assessment requires time, effort and money for development and administration.	• The training can be geared specifically to meet trainees' needs and interests.
• If the assessment instrument is poorly designed or administered, results may be misleading.	• Designing training becomes easier with needs assessment results to guide you.
	• Trainees are likely to respond favorably to training that incorporates their input.

4. Describe the different orientations to assessment of training needs. Convey the following information:

   Assessment of training needs usually can be categorized into one of two basic orientations. Often the assessment is prepared to substantiate a preconceived plan of what training developers wish to teach the target group. Although this orientation to needs assessment has its place, often the assessment is so "stacked" in favor of the formulated plan that accurate assessment of needs is impossible.

   The other orientation to needs assessment is a more open appraisal of what prospective trainees know and want to learn about a general topic. It is likely to generate more accurate information on which to base training design.

WRITING TRAINING GOALS AND OBJECTIVES (35 MINUTES)

1. Introduce the writing of training goals and objectives. Convey the following information:

   After analyzing the needs assessment, use the results as the basis for writing the goal and objectives of the training you plan to conduct. Writing goals and objectives often sounds more ominous than need be.

   Basically, a goal is a general statement of what you wish to accomplish and objectives spell out the specific changes that will occur in order to achieve the goal.

2. Ask trainees to turn to Handout 2 in the module. Review some of the "Tips for Writing Workshop Goals and Objectives" as trainees follow along on their copies.
3. Divide trainees into groups of 2-4 people.
4. Read directions aloud as written:

> READ:
>
> THIS ACTIVITY PROVIDES OPPORTUNITY FOR YOU TO PRACTICE WRITING TRAINING GOALS AND OBJECTIVES. THE ACTIVITY SHEET I WILL DISTRIBUTE SUMMARIZES RESULTS OF A HYPOTHETICAL TRAINING NEEDS ASSESSMENT CONDUCTED WITH FACULTY OF A COMMUNITY COLLEGE. BASED ON THIS INFORMATION, WRITE A SUITABLE TRAINING GOAL AND OBJECTIVES ON NEWSPRINT. AS YOU WORK, CONSULT THE HANDOUT (#1) I'LL GIVE YOU. YOUR GROUP WILL HAVE L% MINUTES FOR THIS ACTIVITY

5. Distribute newsprint and a felt tip maker to each group and give each trainee a copy of Handout 1, "Examples of Goals and Objectives" and Activity Sheet 1, "Summary of Training Needs Assessment."
6. Circulate among groups noting points for later discussion.
7. Alert the groups when 5 minutes remain.

8. Ask a representative from each group to post and read aloud their list of goal and objectives. Provide opportunity for feedback and discussion.

WORKSHOP PLANNING (60 MINUTES)

1. Ask trainees to get into the same groups formed for the last activity. Display resource materials for use during the activity.
2. Read directions aloud as written:

> READ:
>
> THIS ACTIVITY WILL PROVIDE PRACTICE IN DESIGNING A WORKSHOP THAT THE TEAM ACTUALLY MAY USE LATER IN THE LCD PROGRAM. YOUR GROUP WILL DEVELOP A TRAINING WORKSHOP AGENDA TO FULFILL THE GOAL AND OBJECTIVES YOU WROTE EARLIER.
>
> ON THE ACTIVITY SHEET I'LL DISTRIBUTE ENTITLED, "PREPLANNING FOR WORKSHOP," RECORD THE ACTIVITIES REQUIRED TO PREPARE FOR THE WORKSHOP. WRITE THE WORKSHOP AGENDA ON NEWSPRINT. EACH GROUP ALSO NEEDS TO PLAN HOW THE WORKSHOP WILL BE EVALUATED AND DEVELOP A ROUGH DRAFT OF THE EVALUATION INSTRUMENT.
>
> RESOURCE MATERIALS ARE AVAILABLE FOR USE DURING THE ACTIVITY. YOU WILL HAVE 45 MINUTES.

3. Distribute a copy of "Preplanning for Workshop" to each trainee and newsprint and felt tip markers to each group.
4. Circulate among groups noting points for later discussion.
5. Alert the groups when 15 minutes remain.
6. Ask each group to post their agenda and briefly describe their workshop design, preparation and evaluation. Provide opportunities for discussion and feedback.
7. Give closing remarks. Convey the following information:

   Although preparation for a relatively short, in-house workshop like this requires less complicated planning, the same process can be used to create a more lengthy or involved training program.

   The process becomes a manageable task when you follow the steps we've discussed:

   1) Assess training needs.

   2) Develop training goal and objectives based on assessment results.

   3) Formulate an agenda of training activities to fulfill these objectives.

   4) Plan how the training will be evaluated.

5) *Prepare to conduct training by following your list of all necessary preparations and the person responsible for each.*

6) *Conduct workshop using the planned evaluation method to assess effectiveness.*

7) *Review evaluation data and recommend improvements in the training.*

GOAL AND OBJECTIVES OF THE ROLE (10 MINUTES)

1. Display and review the list of goal and objectives of the Training role that has been copied onto newsprint as follows:

   GOAL: Improve preparedness of various individuals to interact with disabled individuals and respond to disability-related concerns.

   OBJECTIVES:

   a. Determine training needs in the community relative to disabilities.

   b. Facilitate use of existing training resources.

   c. Develop appropriate forms of training as needed.

   d. Conduct various training services including (but not limited to) workshops, seminars, panel discussions, media presentations and speakers.

   e. Evaluate effectiveness of training conducted.

2. On the poster of the LCD Program Model, point to where Training is listed: under services to Agencies and Community, services to Community College, and services to disabled individuals.

3. Mention to the intended recipients of Training. Convey the following information:

   As the model indicates, the team role of training is geared to serve individuals from both the community and the college. Target groups might include community college faculty or students, agency personnel, employers, civic clubs, community organizations, disabled people, their families, or the general public.

4. Ask if there are any questions and discuss any points that require clarification.

5. End the session by distributing "Trainee Evaluation" forms (page 209) and asking trainees to complete their evaluations of the module. Collect trainees' evalutions.

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EXAMPLES OF GOALS AND OBJECTIVES

1. The LCD Team is conducting a 3 hour advocacy workshop for the local chapter of United Cerebral Palsy. Trainees include parents of children with cerebral palsy, teachers and social service personnel. The goal and objectives for the workshop are:

ORIGINAL	CRITIQUE	REVISED
GOAL Define the term "advocacy."	*The focus is too narrow--it's more like an objective than a goal.*	**GOAL** Improve trainees' knowledge of advocacy for children and youth with cerebral palsy.
OBJECTIVES Trainees should be able to:		**OBJECTIVES** Trainees should be able to:
1. Understand the implications of advocacy efforts.	*Too vague--it doesn't tell you very much.*	1. Define advocacy and how it relates to children and youth with cerebral palsy.
2. Be an advocate for disabled people.	*Too general and all encompassing--seems to suggest more than a 3 hour workshop can accomplish.*	2. Demonstrate an understanding of legislation that affects children and youth with cerebral palsy.
3. Know the difference between the various laws and how non-compliance can be effectively dealt with through the use of media, court action and filing a complaint with the Office of Civil Rights.	*Very wordy and covers too much for one objective.*	3. Identify local, state and national advocacy resources available to people with cerebral palsy and their advocates.

Continued

2. The Community Real Estate Board contacted the LCD Team for extensive information on accessible housing for physically disabled people. The team determined that a half-day workshop would be appropriate. The goal and objectives for the workshop are:

	ORIGINAL	CRITIQUE		REVISED
GOAL	Teach trainees about disabled people.	*Too general*	GOAL	Familiarize trainees with the housing needs of physically disabled people.
OBJECTIVES	Trainees should be able to:		OBJECTIVES	Trainees should be able to:
1.	Evaluate the local real estate market.	*Fails to relate the objective to the topic of the workshop--disabled peoples' housing needs.*	1.	Identify the local demand for accessible housing.
2.	List examples of architectural barriers.	*Needs to be a little more specific.*	2.	List examples of architectural designs and modifications that increase accessibility of housing.
3.	Tell disabled people about ways to obtain assistance with financing mortgages and supplement rent payments through various federal and community-based programs.	*Longer and more detailed than necessary. A summarizing statement is more appropriate.*	3.	Describe disabled individuals' options for financing housing.

MODULE FOUR
Activity Sheet 1

SUMMARY OF TRAINING NEEDS ASSESSMENT

The LCD Team at a small community college received several requests from faculty for help in making classroom adaptations for disabled students. The team distributed a questionnaire to the entire faculty to determine if this need is widespread.

The team utilized a checklist to assess training needs. A total of 25 of the 37 faculty members responded. For each item checked on the list, the number of faculty members marking that item is listed to the left.

I AM INTERESTED IN RECEIVING TRAINING IN THE FOLLOWING TOPICS:

18 curriculum adaptations to accommodate disabled students

20 instructional techniques to use with disabled students

21 learning characteristics of various disabilities

5 medical aspects of disabilities

9 personal-social aspects of disabilities

17 cerebral palsy

2 epilepsy

23 learning disabilities

19 hearing impairment

10 orthopedic disability

20 visual impairment

I PREFER TO GET THIS TRAINING THROUGH:

3 1 day workshop

17 ½ day workshop

3 written information

2 short course offered at the community college

FOR TRAINER'S REFERENCE:

SAMPLE GOAL AND OBJECTIVES FOR HALF DAY WORKSHOP

Below are examples of workshop goals and objectives that are appropriate to meet the training needs described in Activity Sheet 1. These are by no means the only "correct answers" They are intended to give the trainer a general guide to what might be an appropriate response to this activity.

GOAL To better prepare community college faculty to accommodate disabled students.

OBJECTIVES Trainees should be able to:

1. Identify learning characteristics associated with four disabilities--cerebral palsy, learning disabilities, hearing impairment, and visual impairment.
2. Describe instructional techniques that help accommodate students having one or more of these disabilities.
3. Identify curriculum adaptations that can assist these students.

Preplanning for Workshop

Type of Workshop Preparation	Activities	Date of Completion	Materials, Equipment, Supplies Needed	Person Responsible

Related Training Objective	Activities	Time Allotted	Materials, Equipment, Supplies Needed	Person Responsible

Use top half to list details about auxiliary items such as publicity, accommodations, refreshments, and others. List aspects directly related to workshop content and activities in bottom half.

TIPS FOR WRITING TRAINING WORKSHOP GOALS AND OBJECTIVES

Tips for Writing Training Goals

- Goals should broadly state the purpose of the training--what you expect the training to accomplish overall.
- Keep the goal(s) general. The objectives will spell out specifics of what trainees will accomplish in order to achieve the goal.

Tips for Writing Training Objectives

- Objectives state the specific changes in trainees' skill, knowledge or attitudes that will occur in order to achieve the training goal.
- In the case of inservice training, the objectives may state what trainees will accomplish in relation to their jobs or positions.
- Objectives should reflect findings of the training needs assessment since it focused on what prospective trainees need and want to achieve through training.
- Keep objectives clear and concise.
- Make your objectives realistic statements of what can be achieved within the time limits of training.
- Define the level of accomplishment required to signify achievement of each objective. State this in measurable terms, especially if you are writing behavioral objectives.
- Avoid being overly ambitious in planning training objectives. Don't set more objectives than realistically can be fulfilled during the workshop.

EXAMPLE OF WORKSHOP GOAL AND OBJECTIVES

An LCD Team is planning a half-day training workshop to increase the general public's awareness of architectural barriers in the community. The anticipated audience includes local merchants, employers, high school students and community college staff and students. The following are examples of the goal and objectives that might be set for such a workshop.

GOAL To increase trainees' awareness about architectural barriers in the community that limit disabled peoples' mobility.

OBJECTIVES As a result of training, trainees will be able to:

a. List three architectural barriers to mobility that disabled people encounter in many communities.

b. Understand the psychological and social implications of limited access to facilities.

c. Give three examples of architectural modifications that would increase accessibility for disabled persons.

Date________________

TRAINEE EVALUATION
MODULE FOUR

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	some-what	adequately	well	very well
A. understand the purpose of training needs assessment?	1	2	3	4	5
B. develop training goals and objectives based on identified needs?	1	2	3	4	5
C. Design, plan and evaluate a training workshop?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List any activities or presentations you feel were particularly useful: ____________________________________

____

____

____

4. List any activities or presentations you feel did not contribute to your learning: ____________________________________

____

____

____

5. How could this module be improved? ____________________________________

____

____

____

____

CHAPTER 13

TRAINING MODULE FIVE

INSTRUCTION

GOAL Prepare trainees to improve availability of instructional opportunities to meet the needs of adults with disabilities.

OBJECTIVES Trainees should be able to:

1. Define "instruction" as used in the context of the LCD Program.
2. Identify instructional opportunities within the community and appropriately refer disabled adults to them.
3. Develop instructional opportunities as needed using resources from the LCD Program and the community.

Topic	Activity	Time
Instruction in Context of the LCD Program	Presentation by Trainer	10 minutes
Identifying Instructional Resources	Presentation by Trainer and Group Activity	30 minutes
Techniques to Develop Learning Opportunities	Presentation by Trainer and Discussion	20 minutes
Planning an Instructional Experience	Small Group Activity	25 minutes
Goal and Objectives of the Role	Presentation by Trainer	10 minutes
	TOTAL	1 hr. 35 min.

MATERIALS AND RESOURCES NEEDED

1. Sheets of newsprint, felt tip markers and masking tape.

   The following materials:

   - The first page of MODULE FIVE (page 211); 1 copy for each trainee.
   - Handout 1, "Instruction for Disabled Adults: Strategies and Resources" (page 219); 1 copy for each trainee.
   - Handout 2, "Working with Volunteers" (page 221); 1 copy for each trainee.
   - Activity Sheet 1, "Planning an Adult Education Course," (page 223) enough copies for half the trainees.
   - Activity Sheet 2, "Designing an Individual Learning Experience," (page 225); enough copies for half the trainees.
   - "Trainee's Evaluations of MODULE FIVE (page 227); 1 copy for each trainee.

2. Goal and objectives of the Instruction role (page 216); written on newsprint.
3. A copy of the RESOURCE GUIDE or other reference materials for use during "Planning and Instructional Experience."

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Read Chapter 3 "The LCD Program Model" in the HANDBOOK and Chapter 1, "Career Development," in the RESOURCE GUIDE.
3. Review the 10 situations for the activity on page 214 and think of local or state resources to which the person could be referred. This helps the trainer participate in discussion of the activity.

CONSIDERATIONS

1. This module is geared primarily to train LCD Team members to implement the role of Instruction. Before using this module with an audience other than team members, review it carefully to identify sections that should be omitted or changed.
2. If you choose to give trainees a break during the module, we recommend scheduling the break right after "Identifying Instructional Resources."

DIRECTIONS

INSTRUCTION IN CONTEXT OF THE LCD PROGRAM (10 MINUTES)

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.

2. Describe the meaning of "instruction" in the context of the LCD Program. Convey the following information:

   The role of Instruction refers to the team's involvement in assisting disabled adults to secure opportunities to gain competencies they wish to learn. Adults with disabilities are the target group to receive services under the role of Instruction. This contrasts with the role of Training in which professionals, family members, employers or others also may be the target audience.

   The team becomes involved with instruction in two basic ways:

   1. *The team gathers information about existing resources that provide instruction related to the 22 Life-Centered Competencies and refers disabled people to appropriate sources.*

   2. *The team participates in development of new learning opportunities to fill unmet needs. This may include development of special support courses or individual instruction.*

3. Provide opportunity for questions or discussion.

IDENTIFYING INSTRUCTIONAL RESOURCES (30 MINUTES)

1. Describe the need for knowledge of existing instructional opportunities. Convey the following information:

   Duplication of services is to be carefully avoided in program development. This is especially true in relation to the role of Instruction. To avoid duplication, existing instructional programs for disabled adults within the community and community college must be identified.

2. Read directions aloud as written:

> READ:
>
> IN THIS ACTIVITY, YOU WILL IDENTIFY COMMUNITY RESOURCES AVAILABLE TO TEACH DISABLED ADULTS SKILLS THAT PERTAIN TO THE 22 LIFE-CENTERED COMPETENCIES.
>
> I WILL READ EXAMPLES OF SITUATIONS YOU MAY ENCOUNTER AS A MEMBER OF THE LCD TEAM. AFTER I READ EACH SITUATION, YOU WILL HAVE A MOMENT TO THINK OF ONE OR MORE LOCAL OR STATE RESOURCES TO WHICH YOU COULD REFER THE PERSON. PLEASE RECORD YOUR SUGGESTIONS SO WE CAN DISCUSS THEM AT THE END.

3. Read aloud the following examples. Pause for a minute or two after each example to provide trainees with opportunity to write their suggestions.

READ:

1. PAUL HAS A HEARING IMPAIRMENT. HE IS NEWLY MARRIED AND INTERESTED IN BUYING A HOUSE. HE WANTS INSTRUCTION IN HOW TO PURCHASE AND FINANCE A NEW HOME.
2. MARGARET AND JOHN HAVE CEREBRAL PALSY. THEY ARE NEW IN THE COMMUNITY AND WOULD LIKE TO BECOME INVOLVED IN CIVIC ACTIVITIES. THEY ARE NOT SURE WHERE TO GET ASSISTANCE.
3. MRS. LAMBERT REQUESTS ASSISTANCE FROM THE TEAM IN TEACHING HER 22-YEAR OLD SON, WHO IS MENTALLY RETARDED, HOW TO USE AVAILABLE TRANSPORTATION IN THE COMMUNITY.
4. JOAN, A MIDDLE-AGED BLIND WOMAN, IS A RECENT WIDOW. SHE HAS NEVER BEEN EMPLOYED BUT IS NOW INTERESTED IN EXPLORING OCCUPATIONAL OPTIONS.
5. KATHY, WHO IS PARAPLEGIC, PLANS TO MOVE INTO HER OWN APARTMENT FOR THE FIRST TIME. SHE ASKS THE TEAM FOR ASSISTANCE IN LEARNING HOW TO COOK FOR HERSELF AND CARE FOR AN APARTMENT.
6. MARK, WHO IS MENTALLY RETARDED, IS EMPLOYED AS A COOK. HIS BOSS CONTACTS THE TEAM TO INQUIRE ABOUT AVAILABILITY OF PERSONAL GROOMING CLASSES THAT MARK COULD ATTEND.
7. HAROLD IS ORTHOPEDICALLY HANDICAPPED. DURING HIS ASSESSMENT IN THE LCD PROGRAM, HE EXPRESSES DESIRE TO LEARN WAYS TO INCREASE HIS SELF-CONFIDENCE.
8. MARSHA FEELS LONELY AND ISOLATED. SHE IS VERY SELF-CONSCIOUS ABOUT HAVING EPILEPSY AND HAS DIFFICULTY MEETING NEW PEOPLE. SHE ASKS THE TEAM FOR HELP IN LEARNING HOW TO OVERCOME HER SHYNESS.
9. JOE IS DEAF. HE IS CONSIDERING A CAREER AS AN AUTO MECHANIC AND ASKS THE TEAM TO HELP HIM FIND TRAINING IN THIS FIELD.
10. SARA, THE MOTHER OF TWO YOUNG CHILDREN, IS QUADRIPLEGIC AS THE RESULT OF A RECENT AUTOMOBILE ACCIDENT. SHE WISHES TO LEARN TYPES OF RECREATION SHE AND HER CHILDREN CAN ENJOY TOGETHER.

4. Provide opportunity for discussion of each example. Record trainees' responses on newsprint.

5. Summarize the activity. Convey the following information:

You will use knowledge of these and other resources to refer disabled adults for appropriate instruction. Remember that referral includes follow-up to assure that results are satisfactory for the individual.

TECHNIQUES TO DEVELOP LEARNING OPPORTUNITIES (20 MINUTES)

1. Introduce available resources and techniques. Convey the following information:

   Developing courses and programs for disabled adults need not be an overwhelming task. Even within small communities, numberous resources and techniques are available to boost your efforts. With careful planning and management, you can create a strategy to gain maximum benefit from available assets.

2. Distribute a copy of Handout 1, "Instruction for Disabled Adults: Strategies and Resources," to each trainee.
3. Briefly describe the points listed on Handout 1. Encourage discussion of the suggested approaches.
4. Distribute a copy of Handout 2, "Working with Volunteers" to each trainee. Recommend that trainees carefully read Handout 2 before deciding whether to recruit volunteers.

PLANNING AN INSTRUCTIONAL EXPERIENCE (25 MINUTES)

1. Introduce the activity. Convey the following information:

   As part of the role of Instruction, the team may be involved in developing resources to fill unmet learning needs of disabled adults. There are a number of ways to arrange instructional opportunities. We will explore two options in this activity.

2. Divide trainees into groups of 3-4 people. Designate half the groups as A and half as B.
3. Distribute newsprint and felt tip markers to each group.
4. Distribute a copy of Activity Sheet 1 (page 223) to each trainee in the "A" Group(s) and a copy of Activity Sheet 2 (page 225) to each trainee in the "B" Group(s). Provide a copy of the RESOURCE GUIDE or other reference materials for use during this activity.
5. Read directions aloud as written:

> READ:
>
> THIS ACTIVITY PROVIDES PRACTICE IN DEVELOPING NEW LEARNING COURSES OR PROGRAMS. THE SHEET JUST DISTRIBUTED DESCRIBES SPECIFIC DIRECTIONS FOR THE ACTIVITY YOUR GROUP WILL CONDUCT. THE "A" GROUP(S) WILL CONSIDER OPTIONS FOR PLANNING AN ADULT EDUCATION COURSE. THE "B" GROUP(S) WILL CONSIDER WAYS TO PLAN INDIVIDUAL INSTRUCTION. YOU WILL HAVE 15 MINUTES.

6. Circulate among groups making sure each group clearly understands the directions.
7. Alert the groups when 5 minutes remain.
8. Ask a representative from each group to share the group's responses. Provide opportunities for discussion.

GOAL AND OBJECTIVES OF THE ROLE (10 MINUTES)

1. Display and review the list of goal and objectives of the Instruction role that have been copied onto newsprint as follows:

   GOAL: Increase availability of learning opportunities to meet the career development needs of disabled adults.

   OBJECTIVES:

   a. Determine availability of instructional resources for disabled adults in the community and at the community college.
   b. Facilitate disabled adults' use of existing learning opportunities.
   c. Develop and/or conduct programs to fill unmet learning needs of disabled adults.

2. On the poster of the LCD Program Model, point to where Instruction is listed: under LCD Services to Disabled Individuals. Ask if there are questions and discuss any points that require clarification.
3. End the session by distributing "Trainee Evaluation" forms (page 227) and by asking trainees to complete their evaluation of the module. Collect the trainee's evaluations.

ADDITIONAL RESOURCES

Ackler, E.J., & Booth, G.M. (Eds.) The College for Living at Metropolitan State College, Denver, Colorado. Denver: Metropolitan State College, 1979.

RECOMMENDED CURRICULUM MATERIALS

Cole, J.A., Sperry, J.C., Board, M.A., & Frieden, L. New Options training manual. Houston: The Institute for Rehabilitation and Research, 1979.

A looseleaf manual containing eleven modules developed and used by the New Options project to train physically disabled people to achieve greater independence. Topics are Attendant Management, Consumer Affairs, Financial Management, Functional Skills, Living Arrangements, Medical Needs, Mobility, Sexuality, Social Skills, Time Management and Vocational Educational Opportuntites.

Follett coping skills series. Chicago: Follett Publishing Company, 1978.

Series of four workbooks to teach adults skills related to community living, money management and obtaining employment. Reading level is grade 3.5. Materials are not geared specifically for disabled people but much of the information is appropriate.

Guide to the community. Elwyn, Pennsylvania: Elwyn Institute, 1975.

Set of three illustrated volumes entitles "Earning and Spending Money," "Tax and Insurance Facts," and "Coping with Problems of Daily Living." Materials are geared for use with mentally retarded adults or individuals functioning at a low academic level.

Menas, B.L. & Roessler, R.T. Personal achievement skills training. Hot Springs, Arkansas: Arkansas Rehabilitation Research and Training Center, 1975.

A structured group format to improve interpersonal skills, self-awareness and problem solving. Materials include Leader's Manual, Participant Workbook, Leader's Introductory Materials and Training Audio Tapes. Materials are not geared specifically to disabled adults but are adaptable.

Personal achievement skills training for the visually handicapped. Hot Springs, Arkansas: Arkansas Rehabilitation Research and Training Center, 1977.

A version of the PAS described above that has been adapted for use with individuals who have visual impairments.

INSTRUCTION FOR DISABLED ADULTS: STRATEGIES AND RESOURCES

STRATEGIES The following strategies may be useful in providing instruction to disabled adults who wish to improve skills in the daily living, personal-social or occupational areas.

- Mainstream disabled individuals into existing courses available through established programs like adult and continuing education or the community college. The mainstreaming process can be facilitated in several ways: 1) Tell program planners about disabled people's instructional needs and advocate for their inclusion in existing programs, 2) Offer training to personnel so they become better prepared to teach and interact with disabled individuals, 3) With the student's permission, notify an instructor about the student's disability and inform him or her about resources available to help instructors accommodate disabled students.
- Create new learning opportunities within established programs. For example, design and/or teach a new course specially developed to meet a certain need of the disabled population. The course may be offered through an existing program like adult and continuing education, the community college or a community organization such as the YMCA.
- Develop a new program that offers instruction to disabled adults. For example, the College for Living Program in Denver, Colorado, was developed to provide continuing education for developmentally disabled adults.
- Design individualized learning experiences that link specific instructional needs with available skills and expertise. Retired individuals, employers, civic club members, community college faculty and students, and LCD advisory committee members are but a few examples of people who may be willing to teach skills to disabled adults on a one-to-one or small-group basis. This approach allows for flexibility in meeting individual needs. Note: before implementing this approach, check into legal issues such as need for insurance. Also, structure the experience by establishing a goal and objectives the individual wishes to achieve, developing a criterion for successful completion, and providing consultation to the instructor.

RESOURCES Resources abound. With creativity and diligence, any of the following resources can be used to help implement the above strategies.

- Recruit volunteers to develop and/or conduct instructional opportunities for disabled adults. Volunteers can supply a vast store of "people power" at minimal cost. MODULE FOUR Handout 2, "Working with Volunteers," offers guidelines for organizing a volunteer program.
- Involve community college students. Teaching classes or working one-to-one with disabled adults can be very rewarding to the student who desires field experience. If possible, arrange for students to receive course credit for the experience.
- Pursue funding sources in the community such as sponsorship by civic clubs. Some organizations may donate use of their facilities or equipment rather than money.
- Use prepared curriculum materials whenever possible. Many relatively inexpensive course "packages" are available to teach a range of skills. These greatly simplify the process of developing a course.

MODULE FIVE
Handout 2

WORKING WITH VOLUNTEERS

Steps in organizing a volunteer program are outlined below. If you are considering a volunteer component in your program, carefully review these recommendations:

1. Carefully weigh the benefits and liabilities of involving volunteers in your program. Consider the following negative and positive aspects.[1]

   NEGATIVE

   - Paid workers are sometimes threatened by volunteers because they can take risks, are dynamic, and may want to work into paying positions.
   - Some volunteers are not reliable or responsible.
   - In times of stress, the volunteer component of a person's life is not rated high on Abraham Maslow's hierarchy of needs. Shelter, food and survival come first.
   - Recruitment, training, and support of volunteers takes much effort. If done properly, the benefits will outweigh the costs. But if poorly managed, this component can be detrimental to your agency.

   POSITIVE

   - A volunteer's motive is not monetary.
   - Volunteers enable programs to invest and create new aspects that previously might have been left undone due to lack of funds for staff.
   - Volunteers are low-cost and high energy.
   - Volunteers are there because they want to be.
   - Volunteers "free-up" time of paid staff for other aspects of the program.
   - Volunteers add new ideas.
   - Volunteers are responsive to the needs of the program and the community.

2. When recruiting volunteers, provide details about the time commitment and duties involved. Remember, volunteers currently involved in your program are often the most enthusiastic and convincing recruiters.

3. Training for volunteers is a must. It should include orientation to the goals and organization of your program, activities to build awareness about disabled people, and training in specific skills volunteers will need to implement their duties.

4. Give volunteers ongoing supervision, support and feedback. If possible, arrange for a staff member to be available when volunteers are conducting activities involving direct service to disabled people. Meet periodically with volunteers to review progress, answer questions and provide feedback. Don't forget to give volunteers positive feedback about the program's effectiveness.

---

[1] From "Birth, Care and Feeding of a Volunteer Program" by Alice Roelofs Kreps in The College for Living, edited by E.J. Ackler and G.M. Booth, Denver, Colorado: The College for Living Metropolitan State College, 1979, p. 29.

For Group A

PLANNING AN ADULT EDUCATION COURSE

1. One member of the group should read aloud the description of the following situation:

   Several blind and visually impaired individuals participating in the LCD Program have expressed a desire to get involved in a physical exercise program. The team has been unable to identify a viable resource in the community and has decided to approach the local Adult Education program with suggestions for implementing a class.

2. As a group, list as many possible solutions to the following questions as you can. Record your ideas on newsprint to share with the entire group at the conclusion of the activity.

   - What methods are available to recruit a teacher for the class?
   - What type of exercise class should be offered?
   - What means can be utilized to advertise the class to blind and visually impaired people in the community?
   - What methods can be used to evaluate the learning experience of the students?

For Group B

DESIGNING AN INDIVIDUAL LEARNING EXPERIENCE

1. One member of the group should read aloud the description of the following situation:

   Sally Olsen, who has an orthopedic handicap, is participating in the LCD Program. She is exploring career options and is interested in learning about employment as a laboratory technican. Sally and the team feel an on-the-job exploration experience would help her decide about careers.

2. As a group, list as many possible solutions to the following questions as you can. Record your suggestions on newsprint to share with the entire group at the conclusion of the activity.

   - How could business establishments or hospitals be recruited to offer an on-the-job exploration experience to Sally?

   - How can follow-along be conducted during the experience?

   - What methods could be used to evaluate Sally's experience?

Date__________________

TRAINEE EVALUATION
MODULE FIVE

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	somewhat	adequately	well	very well
A. define "instruction" as used in the context of the LCD Program?	1	2	3	4	5
B. identify instructional opportunities within the community and appropriately refer disabled adults to them?	1	2	3	4	5
C. develop instructional opportunities as needed using resources from the LCD Program and the community?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List the titles* of any activities or presentations you feel were particularly useful and explain why: ______________________________

4. List the titles* of any activities or presentations you feel did not contribute to your learning and explain why: ______________________________

5. How could this module be improved? Please be specific. ______________________________

*refer to module Goal and Objectives sheet for specific titles of activities.

CHAPTER 14

TRAINING MODULE SIX

ORIENTATION AND CAREER ASSESSMENT

GOAL Prepare trainees to orient interested disabled individuals to the LCD Program and evaluate disabled persons' skills and learning interests relative to the 22 competencies.

OBJECTIVES Trainees should be able to:

1. Identify interviewing techniques and procedures that facilitate successful orientation to the LCD Program.
2. Explain the LCD Program to individuals with disabilities and answer questions about the program.
3. Administer the Career Development Inventory.
4. Prepare a Career Development Profile from results of the Career Development Inventory.
5. Discuss results of the Career Development Inventory with the individual.

Topic	Activity	Time
Overview of Orientation	Presentation by Trainer	5 minutes
Orientation: Some Things to Remember	Presentation by Trainer	25 minutes
Role-Play of Orientation Interview	Small Group Activity	30 minutes
The Career Assessment Process	Presentation by Trainer	30 minutes
Background Information	Presentation by Trainer	10 minutes
Career Development Inventory and Profile	Presentation by Trainer and Small Group Activity	40 minutes
Discussing Results with the Individual	Presentation by Trainer	10 minutes
Goal and Objectives of the Role	Presentation by Trainer	10 minutes
	TOTAL	2 hr. 40 min.

MATERIALS AND RESOURCES NEEDED

1. The following materials:
   - The first page of MODULE SIX (page 229); 1 copy for each trainee.
   - Handout 1, "Orientation: Some Things to Remember" (page 239) 1 copy for each trainee.
   - Activity Sheet 1, "Feedback on Role Plays" (page 241); 1 copy for each trainee.
   - Activity Sheet 2, "The Role of a Disabled Adult for Orientation and Career Assessment," (page 243); 1 copy for each trainee.
   - The Career Development Record (Appendix D); 1 copy for each trainee.
   - "Trainee's Evaluation of MODULE SIX (page 247); 1 copy for each trainee.
   - Handout 2, "Orientation Evaluation Form"(page 425); 1 copy to each trainee. (Xerox from Appendix E)
   - Handout 3, "Suggestions for Career Assessment" (page 245); 1 copy for each trainee.

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Read Chapter 3, "The LCD Program Model" in the HANDBOOK, become thoroughly familiar with the role of Career Assessment, and read Chapter 18, "Communication Skills" in the RESOURCE GUIDE.
3. Become thoroughly familiar with the Career Development Record in Appendix D of the HANDBOOK.

CONSIDERATIONS

1. Note that, unlike Career Assessment, orientation is not categorized as a specific role of the team. However, its importance cannot be overstated. It is a key activity that sets the stage for disabled adults' experiences with the program.
2. Both MODULES SIX and SEVEN entail several role-play activities. Keep this in mind when scheduling these two modules so that trainees don't get overwhelmed.
3. The times alloted for each presentation and role-play include time for the presentation, directions, role-play and feedback, However, in order to accomplish activities in the specified period, the trainer(s)

will need to maintain a reasonably fast pace, limit activities to the allotted time and keep trainees on task.

4. We recommend scheduling the break right after the "Role-Play of Orientation Interview." This emphasizes the distinction between orientation, an activity of the team, and the team role of Career Assessment.

DIRECTIONS

OVERVIEW OF ORIENTATION (5 MINUTES)

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.
2. Present an overview of orientation. Convey the following information:

   When disabled individuals come to the LCD staff for general information about LCD, they should be oriented to the program which involves conveying information about LCD services in a face-to-face interaction. Although orientation is not a separate role of the team, it is a vital activity that lays the ground work for later contacts with the program.

   In some cases, individuals needing a specific LCD service will not require a general orientation to the program. However, at least make sure the person knows the LCD Program is the source of the services received.

   During this module, we first will discuss orientation techniques followed by discussion the role of Career Assessment.

ORIENTATION: SOME THINGS TO REMEMBER (25 MINUTES)

1. Emphasize the importance of orientation. Convey the following information:

   Orientation is a disabled person's first formal contact with the LCD Program. The person's experience during this stage sets the tone for later contacts and may in fact determine whether the individual seeks further interaction with the LCD staff.

   Next I want to give you some pointers about conducting the orientation session.

2. Distribute a copy of Handout 1, "Orientation: Some Things to Remember," to each trainee.
3. Review each item on Handout 1 as trainees follow along on their copies. Allow opportunities for questions and discussion.
4. Then distribute Handout 2, "Orientation Evaluation Form," to each trainee.

ROLE PLAY OF ORIENTATION INTERVIEW (30 MINUTES)

1. Divide trainees into pairs. If there is an uneven number of trainees, the trainer may participate by role-playing a disabled person.
2. Distribute a copy of Activity Sheet 1, "Feedback on Role-Plays," to each trainee and discuss its use. Convey the following information:

   During this module and the next, we will conduct several role-plays. After each, there will be opportunity to share reactions and feedback using this format as a guideline.

3. Read directions aloud as written:

> READ:
>
> THIS ROLE-PLAY ACTIVITY GIVES YOU PRACTICE ORIENTING A DISABLED PERSON TO THE PROGRAM AND OPPORTUNITY TO EXPERIENCE THE INTERVIEWEE'S PERSPECTIVE. FOR EACH GROUP, ONE OF YOU WILL PLAY THE ROLE OF A DISABLED ADULT AS DESCRIBED ON THE SHEET I WILL DISTRIBUTE. THE OTHER WILL PLAY "YOURSELF," A TEAM MEMBER CONDUCTING ORIENTATION. AFTERWARD, THERE WILL BE TIME TO SHARE FEEDBACK.
>
> AFTER THE PERSON PORTRAYING THE DISABLED ADULT SILENTLY READS THE ROLE DESCRIPTION, BEGIN THE ROLE-PLAY. YOU WILL HAVE 20 MINUTES.

4. Distribute 1 copy of Activity Sheet 2, "The Role of a Disabled Adult," to the person playing the disabled individual in each pair.
5. Circulate among groups and note points for later discussion.
6. Alert the groups when 5 minutes remain.
7. Tell the pairs to spend a few minutes sharing reactions to the role-play experience.
8. After 3-5 minutes, discuss any points noted during the role-play, providing clarification and suggestions as needed.
9. Provide an opportunity for trainees to take a break before beginning the next topic -- the role of Career Assessment.

THE CAREER ASSESSMENT PROCESS (30 MINUTES)

1. Introduce the Career Assessment process. Convey the following information:

   Next, we will begin discussing Career Assessment, one of the 7 roles of the LCD Team. The purpose of Career Assessment is to gather information that will help the individual in career planning. During Assessment a team member:

   - *Prepares a confidential file for the individual to store the Career Development Record (CDR) and other relevant information.*

- *Gathers background data.*
- *Inquires about the person's goals in the program.*
- *Administers the Career Development Inventory, a self-report of proficiency and learning interest relative to the 22 Competencies, and/or other appropriate instruments.*
- *Compiles assessment results in a profile or report.*
- *Discusses assessment results with the individual.*

During the remainder of this module, we will walk you through the Career Assessment Process.

2. Distribute a copy of Handout 3, "Suggestions for Career Assessment" to each trainee.
3. Review each item on Handout 2 as trainees follow along on their copies. Allow opportunities for questions and discussion.
4. Distribute a copy of the Career Development Record to each trainee.
5. Review the Career Development Record describing its use. Convey the following information:

The Career Development Record, or CDR, contains the forms and instructions needed for Career Assessment and LCD Planning. The following forms and information are needed for Career Assessment:

- *Background Information form, pages 3-4, containing the guidelines for collecting data from the adult with a disability.*
- *Career Development Inventory, pages 5-6, a self report instrument covering the person's skills and interests relative to the 22 Competencies.*
- *Directions for preparing the Career Development Profile, page 7.*
- *Profile Remarks, page 9, that provides room to record additional information about the profile.*
- *Career Development Profile, page 8 , the format for reporting results of the Career Development Inventory including interest in learning the competencies and results of Pre and Post Assessment.*

BACKGROUND INFORMATION (10 MINUTES)

1. Ask trainees to turn to the Background Information form on pages 3-4 of the CDR.
2. Present suggestions for obtaining Background Information. Convey the following information:

Before beginning to collect Background Information, explain the purpose of the questions. Example: "The information I'll be requesting can help the team get to know you better so we can work with you in planning your program. This information will be confidential."

The Background Information form is not to be read word for word in the given order. Instead let the form be your guide as you paraphrase items in a relaxed, informal fashion. Example: Rather than reading item #14, "List employment with most recent first," say "Tell me about the jobs you've had. Let's start with the most recent."

Remember, the goal of this step is to get to know the person better, not to fill every line of the form. Allow the discussion to move away from the form at times if it generates useful information and helps promote rapport.

In advance, record any information discussed during the orientation session on the Background Information form. It helps avoid repeating questions already discussed.

Be mindful of the need for good interviewing skills as you gather Background Information. Remember to use open-ended questions whenever appropriate, create a relaxed atmosphere, convey acceptance, and be sensitive to the disabled individual's reactions and feelings.

Because of time constraints we will not practice the process for gathering Background Information. However, before any of you obtains this information from a disabled person, be sure to practice use of the form with another member of the team or someone else you recruit to portray the disabled adult. If you are unfamiliar with the form or unsure of the process, the resulting uncertainty is easily communicated to the person being interviewed.

CAREER DEVELOPMENT INVENTORY AND PROFILE (40 MINUTES)

1. Provide an overview of the CDI. Convey the following information:

   The Career Development Inventory provides an opportunity for disabled individuals to examine their skills relative to the 22 Life-Centered Competencies. It also allows the LCD staff to get to know the person better, which aids in providing counseling and guidance.

   The inventory is an educational, counseling tool. It exposes the disabled person to a concise delineation of the skills required for independent functioning. For individuals who have not lived independently in the community, it provides a well-organized description of the skills they will need.

   The CDI is a valuable counseling tool because it provides the structure through which a variety of topics are introduced. The CDI can generate discussion about the individual's strengths and weaknesses, self-concept, and goals for training.

2. Ask the trainees to turn to page 5 of the CDR. Read aloud the directions at the top of the page as trainees follow along. Provide opportunity for questions.

3. Discuss suggestions for administration of the Career Development Inventory. Convey the following information:

   Of the sections in the CDR, the Career Development Inventory is the one disabled people are most likely to mistake for a test. Before beginning, make sure the person understands it is not a test. There are no right or wrong answers.

   Always be sure to complete the interest portion of the inventory by turning to page 8, and circling those competencies the person reports an interest in learning.

   When administering the inventory, reword items and give examples as needed to aid comprehension. This is especially important when administering the inventory to individuals whose disabilities affect verbal comprehension.

4. Ask trainees to turn to page 7 of the CDR. Read aloud the "Directions for Preparing Career Development Profile" as trainees follow along.

5. Emphasize the correct procedure for preparing the profile. Convey the following information:

   On the page titled "Profile Remarks," record any information which has direct bearing on interpretation of the Career Development Profile. For example, if during discussion of results, a disabled person indicated part of the profile does not seem representative, note this on page 9.

   Recording Profile Remarks is especially important when assessing individuals who have personal care attendants or someone acting in that capacity. What they report being able to do on their own may not accurately represent their situation since attendants may provide satisfactory assistance with these aspects.

7. Read directions aloud as written:

READ:

THIS ROLE-PLAY ACTIVITY IS DESIGNED TO PROVIDE EXPERIENCE WITH THE CAREER DEVELOPMENT INVENTORY AND PROFILE. THIS TIME YOU WILL SWITCH ROLES. THE PERSON WHO WAS THE TEAM MEMBER NOW WILL PORTRAY PAT AND VICE VERSA.

BECAUSE TIME IS LIMITED, WE WILL ONLY ROLE-PLAY ADMINISTRATION AND SCORING OF THE FIRST 9 ITEMS. ADMINISTER THE FIRST PAGE OF THE CAREER DEVELOPMENT INVENTORY INCLUDING THE PORTION PERTAINING TO LEARNING INTERESTS. YOU WILL HAVE 15 MINUTES. IF YOU FINISH BEFORE THE ALLOTTED TIME, BEGIN SHARING FEEDBACK ABOUT THE ROLE-PLAY.

8. Circulate among groups and note points for later discussion.
9. Alert the pairs when 5 minutes remain.
10. Tell the pairs to spend a few minutes sharing reactions to the role-play experience.
11. After 3-5 minutes, discuss any points noted during the role-play providing clarification and suggestions as needed.
12. Ask each pair to work together to prepare the profile for the first 9 items. Provide opportunity for questions.

DISCUSSING RESULTS WITH THE INDIVIDUAL (10 MINUTES)

1. Explain procedures for discussing assessment results with disabled individuals. Convey the following information:

   A team member should review the assessment results with the person. Avoid being overzealous about certainty of the results. Encourage the person to discuss his or her reactions about their accuracy.

   When discussing results of the CDI, use the profile to stimulate the individual's self-exploration. It may be helpful to ask questions like:

   - *"What aspects of the profile surprised you?"*
   - *"How does this information affect the things you mentioned you'd like to learn when we talked earlier?"*

2. Encourage trainees to practice more on their own, if needed, before conducting assessment and discussing the results.

GOAL AND OBJECTIVES OF THE ROLE (10 MINUTES)

1. Display and review the list of goal and objectives of the Career Assessment role that have been copied onto newsprint as follows:

   GOAL: Evaluate disabled individuals' skills and learning interests relative to the 22 Life-Centered Competencies.

   OBJECTIVES:

   a. Obtain background information.
   b. Select and administer the Career Development Inventory (CDI) and/or other appropriate assessment instruments.
   c. Prepare a profile of results and confidential file for the person.
   d. Discuss results with the individual.

2. On the poster of the LCD Program Model, point to where Career Assessment is listed: under LCD Services to Disabled Individuals. Ask if there are questions and discuss any points that require clarification.

3. Ask trainees to bring their copies of the CDR with them to the next session for use during MODULE SEVEN.

4. End the session by distributing "Trainee Evaluation" forms (page 247) and by asking trainees to complete their evaluations of the module. Collect evaluations from trainees.

ORIENTATION: SOME THINGS TO REMEMBER

When orienting disabled adults to the LCD Program and answering their questions about the program, use the following guidelines:

1. An individual's first contact with the LCD Program should involve person-to-person interaction, not paperwork. Forms can be completed later.

2. Clearly explain the purpose and scope of the LCD Program so that disabled individuals understand the available services and the process they would experience. Also explain any conditions the disabled person is expected to meet.

3. Avoid using jargon or terms about the program that are likely to confuse someone still unfamiliar with the LCD Program. For example, instead of using the term "LCD Planning," describe the process in general terms: "A team member will get together with you to talk about your goals and help plan the services and training to enable you to reach them."

4. Help the person understand what the program can and cannot offer. Example: the LCD Program cannot guarantee the person will become employed. It's a good idea to check out the disabled person's expectations about the LCD Program.

5. Use appropriate interviewing skills when orienting a person to the program (see MODULE TWO, Handout 4). Make the interaction as relaxed and informal as possible. Be sure to include the individual in planning and decision making from the outset.

6. Recognize and use the communication mode that is most appropriate for each disabled person. If possible you may want to get information about a person's disability before the interview so appropriate arrangements can be made to accommodate the individual.

7. As much as possible, deal directly with the disabled person. Remember, the individual is an adult.

8. Explain that records are confidential, available only to team members and the individual.

9. Don't move too quickly or pressure the person. For some individuals, meeting with an LCD staff member may be a difficult step accompanied by anxiety or self-doubt. Be flexible and responsive to the needs of the person you are interviewing.

10. Establish policies regarding use of community college facilities by disabled persons participating in the LCD Program. It's likely that disabled persons may want to know if, as participants in the LCD Program, they can use community college recreation or library facilities, or if they can attend community college entertainment events.

11. Before concluding the first meeting, give the person a brochure or similar information about the LCD Program to take home. Always include the name and phone number of a contact person. Give the person the Orientation Evaluation form to complete.

FEEDBACK ON ROLE-PLAYS

Use the following as guidelines for sharing feedback about role-plays:

1. How did you feel in this role? (To be answered by each role-player)

2. Share suggestions for improvement.

3. Did the interaction seem relaxed and comfortable?

4. How well did the interviewer:

   Use open-ended questions

   Listen

   Reflect content and feeling

   Communicate information

THE ROLE OF A DISABLED ADULT FOR ORIENTATION AND CAREER ASSESSMENT

Pat Stuart, age 45, married 20 years.

Disability

Two years ago, Pat experienced visual problems as a complication of diabetes. Although the diabetes is now under control with self-injected insulin, Pat is legally blind.

Aids

Pat uses a tape recorder to record messages and listen to taped books. Pat has prescription cane but doesn't feel comfortable using it outside the home.

School

Pat completed one year of college, undecided as to major. She/he quit school to begin work.

Services

Pat has not received services from an agency.

Employment

age 18 - 30:	12 years, proofreader for a daily newspaper in a mid-sized community.
age 31 - 33:	2 years, life insurance sales representative.
age 34 - 43:	9 years, graphic designer for small town newspaper.

Goals from LCD Program

- Make new friends so she/he becomes less reliant on spouse.
- Find short term job training program so she/he can work again.
- Learn better mobility skills to become more self-reliant in getting around the community.

SUGGESTIONS FOR CAREER ASSESSMENT

1. Good interviewing skills are important throughout Career Assessment so the person with a disability feels relaxed and comfortable about discussing personal skills and interests.

2. Before beginning, tell the individual the purpose of Career Assessment -- "to gather information that will be useful in helping you achieve your personal and career goals."

3. Emphasize that Career Assessment is not a test, especially before administering the Career Development Inventory (CDI).

4. Administration of the CDI is highly recommended -- especially because of its value as an educational, counseling tool. To maximize its effectiveness, allow opportunity for discussion of the items and encourage self-exploration.

5. When appropriate, administer additional instruments or refer the person to other sources for more assessment. Examples of additional evaluation instruments are listed in the RESOURCE GUIDE.

6. Obtain records from other sources only when specific need exists, not as a routine measure. Past records are just that--past. They may bias the team when a fresh outlook would be most helpful. Always get the disabled person's (or guardian's) written permission before requesting records.

7. Interpret Career Assessment results with appropriate caution. Few instruments are infallible.

8. A team member or another qualified person (in the case of evaluation by an outside source) should discuss assessment results with the individual.

Date__________________

TRAINEE EVALUATION
MODULE SIX

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	somewhat	adequately	well	very well
A. identify interviewing techniques and procedures that facilitate successful orientation to the LCD Program?	1	2	3	4	5
B. explain the LCD Program to individuals with disabilities and answer questions about the program?	1	2	3	4	5
C. administer the Career Development Inventory?	1	2	3	4	5
D. prepare a Career Development Profile from results of the Career Development Inventory?	1	2	3	4	5
E. discuss results of the Career Development Inventory with the individual?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List any activities or presentations you feel were particularly useful: ______________________________

____

____

____

____

4. List any activities or presentations you feel did not contribute to your learning: ______________________________

____

____

____

5. How could this module be improved? ______________________________

____

____

____

CHAPTER 15

TRAINING MODULE SEVEN

LIFE-CENTERED CAREER DEVELOPMENT PLANNING

GOAL Prepare trainees to develop and facilitate implementation of workable Life-Centered Career Development (LCD) Plans.

OBJECTIVES Trainees should be able to:

1. Describe steps and rationale for LCD Planning.
2. Identify techniques to involve the disabled person in LCD Planning.
3. Generate service and training options to meet the disabled person's goals.
4. Establish a workable LCD Plan with the individual who is disabled.
5. Describe procedure to follow-along progress in implementing LCD Plans.

Topic	Activity	Time
Introduction to LCD Planning	Presentation by Trainer	20 minutes
The LCD Plan	Presentation by Trainer	20 minutes
Develop the LCD Plan	Small Group Activity	60 minutes
Follow-along	Presentation by Trainer	10 minutes
Goal and Objectives of the Role	Presentation by Trainer	10 minutes
	TOTAL	2 hr.

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MATERIALS AND RESOURCES NEEDED

1. The following materials:
   - The first page of MODULE SEVEN (page 249); 1 copy for each trainee.
   - Handout 1, "LCD Planning Process" (page 255); 1 copy for each trainee.
   - Activity Sheet 1, "The Disabled Person's Situation" (page 257); 1 copy for each trainee.
   - Activity Sheet 2, "Background Information" (pages 259 and 260); 1 copy for each trainee.
   - Activity Sheet 3, "Career Development Inventory and Profile" (pages 261-263); 1 copy for each trainee.
   - Handout 2, "Developing the LCD Plan" (page 265); 1 copy for each trainee.
   - Career Development Record (CDR) from Appendix; several extra copies for those trainees who may forget to bring theirs.
   - Xeroxed copies of a blank LCD Plan form pages 10-11 of the CDR (optional--instead you may choose to use the CDR's on hand); 1 copy for each trainee.
   - Handout 3, "Example of Joe Gray's Life-Centered Career Development Plan" (pages 267-268); 1 copy for each trainee.
   - "Trainee's Evaluation of MODULE SEVEN (page 269); 1 copy for each trainee.
2. Goal and objectives of the LCD Planning role (page 253) written on newsprint.

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Read Chapter 3, "The LCD Program Model," and become thoroughly familiar with the role of LCD Planning.
3. Read Chapter 18, "Communication Skills" in the RESOURCE GUIDE and consider application of these skills to the LCD Planning process.
4. Become thoroughly familiar with the Career Development Record in Appendix D of the HANDBOOK
5. Recruit individuals to portray the person with a disability, Joe Gray, in the role-play to "Develop" the LCD Plan. Recruit enough people so that each small group can work with someone portraying the disabled person. Community college students may be willing to play the role.

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6. Well in advance of the session, distribute copies of Activity Sheets 1, 2, and 3 to each person who has volunteered to role-play a disabled person. Instruct them to study the role. Also, ask each to be prepared to share their reactions when the role-play is finished about how they felt in the role and suggestions for improving the planning process.

CONSIDERATIONS

1. We recommend recruiting "outsiders" to portray the disabled person in the role-play to "Develop the LCD Plan." This can add realism to the activity that significantly increases its impact.
2. If any trainees have disabilities that would interfere with reading Activity Sheets 1, 2, and 3, see that information on these sheets is read to the person.
3. If you choose to give trainees a break during the module, we recommend scheduling the break right after "The LCD Plan" activity.

DIRECTIONS

INTRODUCTION TO LCD PLANNING (20 MINUTES)

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.
2. Present an overview of LCD Planning. Convey the following information:

   Life-Centered Career Development Planning is a vital service the team provides to adults with disabilities. Through LCD Planning, member(s) of the team help the individual establish a plan to accomplish his or her career development goals. Through this role, the team provides counseling, guidance and resource information.

   The role of LCD Planning encompasses several components, each of which will be covered thoroughly during this module. We'll begin with an overview of the planning process.

3. Distribute a copy of Handout 1, "LCD Planning Process," to each trainee.
4. Review each point on Handout 1 as trainees follow along on their copies. Allow opportunity for questions and discussion.

THE LCD PLAN (20 MINUTES)

1. Ask trainees to look at the LCD Plan in their copies of the CDR as you describe the format. Review the example on page 2 of the CDR.
2. Distribute copies of Handout 2, "Developing the Plan" and briefly review the points highlighting those you feel are most important. Be sure to review techniques for involving the disabled person and tips on writing goals for the plan.

DEVELOP THE LCD PLAN (60 MINUTES)

1. Introduce the activity. Convey the following information:

   In a few minutes you will divide into small groups to give you practice with LCD Planning. First, each of you needs to become familiar with information about the disabled person with whom you'll talk.

2. To each trainee, distribute a copy of Activity Sheets 1, 2, and 3; "The Disabled Person's Situation," "Background Information," and "Career Development Inventory and Profile."

3. Review the main points about Joe Gray from Activity Sheet 1, "The Disabled Person's Situation."

4. Read directions aloud as written:

> READ:
>
> USE THE NEXT 5 MINUTES TO CAREFULLY READ AND STUDY THE INFORMATION ABOUT JOE. CONSIDER HIS GOALS AND LEARNING INTERESTS AND LOOK FOR AREAS OF STRENGTH AND WEAKNESS SUGGESTED BY THE ASSESSMENT DATA. MAKE NOTES IN THE MARGINS AS NEEDED.

5. Divide the trainees into groups of 2-3 people so the number of groups corresponds to the numbers of persons available to portray the disabled person.

6. Distribute a blank copy of the LCD Plan to each group (option--distribute a copy of the CDR or ask trainees to use their copies).

7. Read directions aloud as written:

> READ:
>
> DURING THIS ACTIVITY YOU WILL ROLE-PLAY THE MEETING OF TEAM MEMBERS AND THE DISABLED PERSON TO DEVELOP THE LCD PLAN.
>
> EACH OF YOU WILL PORTRAY YOURSELVES AS TEAM MEMBERS. I'VE ASKED SEVERAL PEOPLE TO ASSIST WITH THIS ACTIVITY BY PLAYING THE ROLE OF THE DISABLED ADULT, JOE GRAY. ASSUME THAT YOU HAVE MET JOE DURING THE CAREER ASSESSMENT ACTIVITIES THAT PRECEDED THIS MEETING.
>
> YOU WILL HAVE 30 MINUTES TO DISCUSS JOE'S NEEDS, INTERESTS AND TRAINING GOALS, TO REVIEW APPROPRIATE SERVICE OPTIONS, AND TO DEVELOP THE PLAN USING THE COPY OF THE LCD PLAN GIVEN TO YOUR GROUP. YOU MAY NOT HAVE TIME TO FINISH THE PLAN. FOCUS ON WORKING TOGETHER EFFECTIVELY WITH JOE RATHER THAN ON COMPLETING THE PLAN.

8. Circulate among groups noting points for later discussion.

9. Alert the groups when 5 minutes remain.

10. Read directions aloud as written:

> READ:
>
> IN THE NEXT FEW MINUTES, EACH PERSON WHO PORTRAYED JOE GRAY SHOULD SHARE HIS REACTIONS WITH HIS SMALL GROUP. DISCUSS HOW YOU FELT DURING THE SESSION AND SHARE SUGGESTIONS FOR WAYS THE INTERACTION AND PLANNING PROCESS COULD BE IMPROVED.

11. After 3-5 minutes provide an opportunity for questions and further discussion about LCD Planning.

12. Distribute a copy of Handout 3, "Example of Joe Gray's Life-Centered Career Development Plan," to each trainee and convey the following information:

    The handout I just distributed is an example of and LCD Plan that could have been developed with Joe. Although some of the sources for services and training are hypothetical, this plan exemplifies the overall organization of an LCD Plan.

13. Provide opportunity for further questions and, before the volunteers leave, thank them for their help.

FOLLOW-ALONG (10 MINUTES)

1. Review recommended procedures for conducting follow-along. Convey the following information:

    We've already mentioned follow-along several times. It is the supportive interaction that a designated team member provides to a disabled person from the time the LCD Plan is developed throughout his or her involvement with the LCD Program. It should involve contacts with the disabled adult at least once a month, preferably in person. In some cases, appropriate service providers should also be contacted regarding the person's progress.

    In the course of LCD Planning, often the team will refer disabled persons to one or more agencies for evaluation or services. When this happens, develop an LCD Plan and follow-up with this person to see that services are received and the individual is satisfied with progress. The team's obligation does not end with referral.

GOAL AND OBJECTIVES OF THE ROLE (10 MINUTES)

1. Display and review the list of goal and objectives of the LCD Planning role that have been copied onto newsprint as follows:

    GOAL: Develop a workable Life-Centered Career Development (LCD) Plan.

OBJECTIVES:

a. Involve the disabled individual in planning.

b. Generate options for services to meet the person's needs.

c. Identify the individual's strengths and weaknesses for use in LCD Planning.

d. Write an LCD Plan that is responsive to the individual's goals.

e. Assess progress through follow-along contacts with the person.

2. On the poster of the LCD Program Model, point to where LCD Planning is listed: under LCD Services to Disabled Adults. Ask if there are questions and discuss any points that require clarification.

3. End the session by distributing "Trainee Evaluation" forms (page 269) and by asking trainees to complete their evaluations of the module. Collect trainees' evaluations.

LCD PLANNING PROCESS

LCD PLANNING INVOLVES THE FOLLOWING STEPS:

1. Meet with Disabled Individual. One or two team members meet with the disabled person to discuss the individual's goals and options available to help achieve them.

2. Write an LCD Plan. Together the individual and team member(s) write an LCD Plan using the format provided in the Career Development Record (CDR).

3. Consult with Team if Needed. If additional input is needed, the team member involved in developing the plan should consult with other members of the team or the advisory committee.

4. Provide Follow-Along as Plan is Implemented. As the LCD Plan is implemented, a team member provides follow-along to monitor progress through regular contacts with the individual and service providers.

CONSIDERATIONS

- At all times, remember the team's role is to plan with, not for, the adult with a disability. Actively involve the person in planning.

- As a general policy, in planning sessions deal directly with the disabled person rather than relying on family members or friends. Exceptions may arise when it is appropriate to involve relatives or others. However, make sure you do so because it will benefit the disabled person, not because it will make the team's job easier.

- The LCD Planning process may require several meetings with the disabled person or the team before a satisfactory plan is developed. Length of time required to establish a workable plan will vary.

- You may wish to consult with advisory committee members or other resource people if you encounter difficulty in LCD Planning. The disabled person should remain anonymous during such interactions.

- Give the adult with a disability a copy of the plan for future reference.

THE DISABLED PERSON'S SITUATION

Joe Gray, 28 years old, single

Disability Joe has had spastic cerebral palsy since birth. He is able to walk with the aid of a walker but has extreme difficulty with steps. Joe's speech is slightly affected in that he sometimes slurs words. He has almost normal range of motion and use of his right hand but use of his left hand is limited.

Situation Joe had lived at home with his parents and sister until his family moved out of state several months ago because of a job transfer. After careful consideration, Joe decided to stay because he didn't want to leave his job and his girlfriend.

Two months ago, for the first time Joe moved into his own apartment on the ground floor of a new complex. Although Joe is able to pay his rent without assistance, the complex houses many families that receive federal rent subsidy. Joe is pleased with the apartment except for having difficulty negotiating the curb from the parking lot to the sidewalk, and occasional trouble finding a parking place wide enough to allow room between cars for his walker.

Concerns Joe is concerned about his inexperience handling household tasks such as cooking, cleaning, laundry and grocery shopping. His parents always handled these chores when he lived at home.

Joe feels lonely since he lives by himself for the first time. He'd like to make new friends and eventually might consider getting a roommate to share expenses of the apartment.

Joe also hopes to get a wide parking spot designated for his use and a curb cut or ramp to improve mobility at his apartment. However, Joe is hesitant to approach his landlord about the problem, especially since he doesn't know whether the landlord is required, by law, to make these changes.

BACKGROUND INFORMATION

Interviewer Beth Smith Date 1-15-81

1. Full name Joe B. Gray

2. Address 12 Meadow Lane

3. Phone number 773-1212 4. Birth date 10-1-52 5. Sex: M ✓ F

6. Marital status: Single 7. # of children none 8. SS# 400 00 0000

9. Disability Spastic cerebral palsy

10. Describe impairments due to the disability and any aids, adaptive devices or medications you may use: must use walker to get around, hard to get up and down steps, limited use of left hand.

Do you have an attendant? no If yes, what types of assistance does he or she provide?

11. Is transportation a problem for you? yes no ✓

Comment: drives his own car

Education

12. Circle highest level of education:

	College	Graduate
K 1 2 3 4 5 6 7 8 9 10 11 12	[✓ 1] 2 3 4	1 2 3 4

13. If you have attended or are attending a college, university, technical school, or other training program, please provide information for each:

Dates	School/Program	Course of Study
1966-70	Belmont High School	included Business Coun
1972-73	Southwest Community College	Accounting

Employment

14. List employments with most recent first:

Dates	Job/Title	Description
June 1977 to present	Bookkeeper + Supply Clerk at Southwest Rehab Industries	Bookkeeping, Ke inventory record order supplies

MODULE SEVEN
Activity Sheet 2
Continued

14. (Continued)

Dates	Job/Title	Description
July 1973 to May 1977	Part-time Bookkeeper	Kept books for Uncle's Pet Shop

Service Information

15. List any services or training you are currently receiving or have received from state or community agencies, such as DVR, CETA, Easter Seals, United Cerebral Palsy, etc.

Date	Service or Training
1972-73	Vocational Rehabilitation paid for attending college + provided job placement services.
1971	United Cerebral Palsy sponsored purchase of adaptive equipment for car and driver's training.

16. How did you learn about the Life-Centered Career Development Program:

Read a brochure about the program at work - Southwest Rehabilitation Industries.

17. List some specific things you think you want to learn by participating in the Life-Centered Career Development Program:

I want to learn to take care of myself and my apartment. I also want to make new friends - it seems lonely in my apartment since I was used to having my family around. I'd like to find out whether my landlord would have to build a curb cut or ramp and set aside a special parking place for me if I request it.

18. Describe some things about yourself that would help us in working with you:

I feel uncomfortable meeting new people because I feel especially awkward in front of people I don't know.

MODULE SEVEN
Activity Sheet 3

Interviewer ____________
Date ____________

CAREER DEVELOPMENT INVENTORY[1]

Directions:

a. Read directions aloud as written: "I'm going to ask for some information that will be useful in planning your program. This is a list of activities involved in day-to-day living. After I read an item, ask yourself whether you are able to perform the skill described on your own without assistance from another person. Later I will ask you which areas you have an interest in learning. Keep this in mind as we go through the items."

b. Read each item aloud to the person. Place an X in the first column (the farthest left) across from those items the person reports being able to do without assistance. Note: Spaces in the second column, closest to the items, are for use during post assessment.

c. After completing the 22 items, turn to page 10. Read directions aloud as written: "I'd like to find out those areas you are interested in learning. After I read an item, tell me whether you are interested in undertaking training to improve your skills in that area." Read the competencies aloud to the individual circling the number to the left of competencies the person reports an interest in learning.

1. Manage Family Finances
X __ a) Identify forms of money and make change
X __ b) Use bank and credit facilities
X __ c) Plan and follow a budget
X __ d) Invest for savings and retirement

2. Select, Manage and Maintain a Home
X __ a) Choose and obtain adequate housing
__ __ b) Use basic appliances and tools
__ __ c) Maintain inside of your home
__ __ d) Maintain outside of your home

3. Care for Personal Needs
X __ a) Dress according to weather and occasion
X __ b) Maintain personal hygiene
X __ c) Explain illness prevention and treatment
X __ d) Explain the relationship between exercise, diet and weight

4. Family Living and Raising Children
X __ a) Understand effective birth control methods
__ __ b) Adjust to change in family such as death, divorce, etc.
__ __ c) Care for a child before and after birth
X __ d) Follow home safety rules

5. Plan, Buy and Prepare Food
__ __ a) Plan for healthy meals
__ __ b) Purchase food within a budget
__ __ c) Use kitchen appliances and utensils
__ __ d) Clean kitchen and properly store food

6. Buy and Care for Clothing
X __ a) Purchase clothing for self and family
__ __ b) Launder clothing properly
__ __ c) Iron and put away clothes
__ __ d) Perform simple mending and alterations

7. Engage in Civic Activities
X __ a) Know how to register and vote
X __ b) Know basic laws and penalties for breaking them.
X __ c) Know citizenship rights and responsibilities
X __ d) Know what to do when stopped by police

8. Utilize Recreation and Leisure
__ __ a) Use available recreational opportunities
X __ b) Understand the value of recreation and sportsmanship
X __ c) Plan vacations according to time and budget
__ __ d) Participate in group activities

9. Get Around the Community (Mobility)
X __ a) Know traffic and safety rules
__ __ b) Use public buses and taxi services
X __ c) Drive a car, motorcycle or bicycle
X __ d) Know basic traffic routes

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[1] The Career Development Inventory is an adaptation of the Competency Rating Scale, a research instrument developed at the University of Missouri - Columbia, published by the Council of Exceptional Children in Life Centered Career Education: A Competency Based Approach, 1978, Donn E. Brolin, Ed. Data resulting from use of the Career Development Inventory should be clearly labeled experimental and interpreted with appropriate caution.

10. Achieve Self-Awareness
X __a) Know your physical strengths and limits
X __b) Recognize emotions in yourself and others
__ __c) Understand personal needs and values
X __d) Understand the aging process

11. Acquire Self-Confidence
X __a) Make plans for the future
__ __b) Accept praise
__ __c) Accept criticism
__ __d) Believe in yourself as a worthwhile person

12. Achieve Socially Responsible Behavior
X __a) Know rules society wants you to follow
X __b) Behave in public in a manner that doesn't cause trouble for you
X __c) Show that you respect other people's rights
__ __d) Know how to behave in different social situations

13. Maintain Good Interpersonal Relationships
X __a) Have one or more close friends
X __b) Be thoughtful when listening and talking with others
__ __c) Make friends with different kinds of people
X __d) Be pleasant and considerate of others

14. Achieve Independence and Interdependence
X __a) Consider and respect the needs of others
X __b) Try to do the best you can
__ __c) Know how your behavior affects others
X __d) Accept responsibility for your actions

15. Achieve Problem-Solving Skills
__ __a) Know where to find good advice
__ __b) Understand the need for goals
__ __c) Be aware of your alternatives and their possible outcomes
X __d) Recognize bi-polar concepts such as good-bad

16. Communicate Adequately With Others
X __a) Recognize emergency situations
X __b) Read and write well enough to reach future goals
X __c) Communicate with others by speaking, gesturing or other methods
__ __d) Help your family learn to express feelings and thoughts

17. Know and Explore Occupational Possibilities
X __a) Know why work is important for people
__ __b) Know where to get information about jobs
X __c) Understand how pay is determined
__ __d) Know about jobs available in your local area

18. Select and Plan Occupational Choices
__ __a) Look at jobs that match your interests, needs, and abilities
__ __b) Use past experience to find the best job for you now
__ __c) Make sensible choices according to job demand and availability
__ __d) Know how spouse's work role fits with yours

19. Exhibit Appropriate Work Habits and Behaviors
X __a) Follow directions and safety rules
X __b) Know why attendance and being on time is important
X __c) Work cooperatively with others
X __d) Meet the quality standards for work chosen

20. Physical-Manual Skills
X __a) Have the balance and coordination required for chosen job
X __b) See, hear and feel things well enough for chosen job
X __c) Strength to work the required number of hours at chosen job
X __d) Use fingers and hands well enough for chosen job

21. Obtain a Specific Occupational Skill
X __a) Have a skill that qualifies you for a job of some sort

22. Seek, Secure and Maintain Employment
__ __a) Look for a job using available help
X __b) Fill out a job application
__ __c) Handle yourself well in an interview
X __d) Seek help when things go wrong

Turn to page 10. Read directions aloud as written: "I'd like to find out those areas you are interested in learning. After I read an item, tell me whether you are interested in undertaking training to improve your skills in that area." Read the competencies aloud to the individual circling the number to the left of competencies the person reports an interest in learning.

MODULE SEVEN

Activity Sheet 3
Continued

CAREER DEVELOPMENT PROFILE

Competencies	Initial Assessment					Post Assessment					Comp. #
	0	1	2	3	4*	0	1	2	3	4	
1. Manage Family Finances	○	○	○	○	●	○	○	○	○	○	1
② Select, Manage, and Maintain a Home	○	●	○	○	○	○	○	○	○	○	2
3. Care for Personal Needs	○	○	○	○	●	○	○	○	○	○	3
4. Family Living and Raising Children	○	○	●	○	○	○	○	○	○	○	4
⑤ Plan, Buy, and Prepare Food	●	○	○	○	○	○	○	○	○	○	5
6. Buy and Care for Clothing	○	●	○	○	○	○	○	○	○	○	6
7. Engage in Civic Activities	○	○	○	○	●	○	○	○	○	○	7
⑧ Utilize Recreation and Leisure	○	○	●	○	○	○	○	○	○	○	8
9. Get Around the Community (Mobility)	○	○	○	●	○	○	○	○	○	○	9
10. Achieve Self-Awareness	○	○	○	●	○	○	○	○	○	○	10
⑪ Acquire Self-Confidence	○	●	○	○	○	○	○	○	○	○	11
12. Achieve Socially Responsible Behavior	○	○	○	●	○	○	○	○	○	○	12
⑬ Maintain Good Interpersonal Relationships	○	○	○	●	○	○	○	○	○	○	13
14. Achieve Independence and Interdependence	○	○	○	●	○	○	○	○	○	○	14
15. Achieve Problem-Solving Skills	○	●	○	○	○	○	○	○	○	○	15
16. Communicate Adequately With Others	○	○	○	●	○	○	○	○	○	○	16
17. Know and Explore Occupational Possibilities	○	○	●	○	○	○	○	○	○	○	17
18. Select and Plan Occupational Choices	●	○	○	○	○	○	○	○	○	○	18
19. Exhibit Appropriate Work Habits and Behaviors	○	○	○	○	●	○	○	○	○	○	19
20. Possess Physical-Manual Skills	○	○	○	○	●	○	○	○	○	○	20
21. Obtain a Specific Occupational Skill	○				●	○				○	21
22. Seek, Secure, and Maintain Employment	○	○	●	○	○	○	○	○	○	○	22

* Total number items marked for that competency

MODULE SEVEN
Handout 2

DEVELOPING THE LCD PLAN

RECOMMENDED STEPS IN DEVELOPING THE LCD PLAN WITH THE DISABLED INDIVIDUAL:

1. *Notify Participant*. Usually, one or two team members will meet with the person who is disabled to develop the LCD Plan. When scheduling the session, tell the disabled person the name(s) of team member(s) who will be present. Make sure the person has no objections and that no confidentiality or ethical conflicts exist.

2. *Get to Know Each Other*. Before the meeting begins, make sure everyone present has been introduced. Spend some time getting to know each other through relaxed conversation. Try to set an informal tone for the session.

3. *Review Goals*. Briefly discuss the individual's goals for the program, making sure they are clearly understood.

4. *Discuss Service Options*. Discuss some of the options available to meet the stated goals. Seek the disabled person's reactions and preferences regarding available options.

5. *Set Priorities*. The person with a disablity works together with the team member(s) to establish priorities and develop a tentative time frame for accomplishing goals.

6. *Record LCD Plan*. When agreement is reached, a team member records the information on pages 10 and 11 of the CDR. A copy also is made for the disabled person to keep.

7. *Arrange for Follow-Along*. Before concluding the session, choose a team member (preferably one of those present) to provide follow-along. The follow-along person should give the disabled person a phone number where he or she can be reached. Arrangements for the first follow-along contact are tentatively scheduled.

GENERAL TIPS:

- Strive to keep the interaction informal and open. The session can easily assume the tone of an inquisition.

- Avoid "firing" too many questions at the person at one time.

- Use more than one session if needed to develop a satisfactory plan.

TECHNIQUES TO INVOLVE THE PERSON WITH A DISABILITY:

- Listen carefully to the disabled person noting nonverbal as well as verbal cues.

- Pace the interaction so the individual with a disability has ample opportunity to initiate comments.

- Don't assume the person is in agreement without getting a definite sign or statement to that effect.

- If you aren't sure, don't be afraid to ask the person. Get his or her reactions and ideas as points are being discussed.

- Periodically, when appropriate during the session, summarize the points discussed thus far and check your understanding of the discussion with the disabled person's understanding. This helps clarify misunderstandings and provides opportunity for the person to correct any misinterpretations.

- Adjust the vocabulary level and complexity of your communication to suit the individual's needs.

WRITING GOALS FOR LCD PLAN

Writing goals sometimes seems more difficult than need be. A goal statement describes in general terms what is to be accomplished.

Goals in the LCD Plan should specify what the disabled person wishes to accomplish in relation to an area of problem, need or interest. List the goal in the first column of the LCD Plan with the number of the related competency listed to the left. Briefly describe the method for achieving each goal in the column, "Service or Training Activity."

When you and the disabled person develop goals during the LCD Planning session, as much as possible, base the goals on the 22 Competencies, the subcompetencies, or adaptations of them. The subcompetencies especially are suited for generating goal statements. Examples are provided below.

EXAMPLES OF GOALS FOR LCD PLANS

PROBLEM OR NEED	GOAL
The individual cannot get to and from work and needs to find community resources to help solve the problem.	To learn to use various means of public transportation including buses and taxis. (Adapted from Subcompetency 47).
The individual has difficulty in interpersonal communication because he tends to monopolize conversations.	To learn to listen and respond to others attentively. (Adapted from Subcompetency 67).
The individual wishes to apply for a job but she feels very nervous due to inexperience in job interviewing.	To learn to demonstrate good job interviewing skills. (Adapted from Subcompetency 116).

MODULE SEVEN
Handout 3

EXAMPLE OF
LIFE-CENTERED CAREE

Number of Related Competency	Goal	Service or Training Activity	Source of Service or Training
15	To make apartment more accessible with curb cut and parking space	Determine Legal Status of Request.	State Protection and Advocacy Agency
5	To learn to plan, buy and prepare food.	Attend classes on Basic Cooking	Adult Education Survival Skills Series
6	To learn to care for clothing.	Attend classes on Clothing Care.	Adult Education Survival Skills Series
2	To learn how to maintain the inside of a home.	One to one instruction.	Member of LCD Team
13	To make friendships with new people.	Attend sporting events with a group of people.	Local Chapter of Statewide Sports Fans Clu

Follow-Along Notes:

MODULE SEVEN
Handout 3
Continued

JOE GRAY"S

DEVELOPMENT PLAN

Contact Person	Approximate Time Required	Anticipated Dates Start	Finish	Was Goal Achieved?*	Additional Service or Training?	See Written Report
Alonzo Davis	2 weeks	1-15-81	1-29-81			
Ed Stewart	8 weeks	2-3-81	3-24-81			
Ed Stewart	8 weeks	2-5-81	3-26-81			
To be named	4 weeks	1-26-81	2-20-81			
		within 1 month, attend an event + decide if interested in joining.	2-15-81			

*If no, indicate reasons below.

Date ______________

TRAINEE EVALUATION
MODULE SEVEN

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	some-what	adequately	well	very well
A. describe steps and rationale for LCD Planning?	1	2	3	4	5
B. identify techniques to involve the disabled person in LCD Planning?	1	2	3	4	5
C. generate service and training options to meet the disabled person's goals?	1	2	3	4	5
D. establish a workable LCD Plan with the individual who is disabled?	1	2	3	4	5
E. describe procedure to follow-along progress in implementing LCD Plans?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List any activities or presentations you feel were particularly useful:

4. List any activities or presentations you feel did not contribute to your learning:

5. How could this module be improved?

CHAPTER 15

TRAINING MODULE EIGHT

RESOURCE COLLECTION

GOAL Prepare trainees to make available a collection of disability-related materials for use by disabled individuals, LCD Program staff, professionals and others.

OBJECTIVES Trainees should be able to:

1. State the purposes of the Resource Collection.
2. Recognize steps in developing, organizing and maintaining the Resource Collection.

Topic	Activity	Time
Purpose of the Resource Collection	Presentation by Trainer	10 minutes
Steps in Developing and Maintaining the Resource Collection	Presentation by Trainer	30 minutes
Goal and Objectives of the Role	Presentation by Trainer	5 minutes
	TOTAL	45 minutes

MATERIALS AND RESOURCES NEEDED

1. The following materials:
   - The first page of MODULE EIGHT (page 271); 1 copy for each trainee.
   - Handout 1, "Steps in Developing and Maintaining the Resource Collection" (page 275); 1 copy for each trainee.
   - "Trainee's Evaluation of MODULE EIGHT (page 277); 1 copy for each trainee.
2. Goal and objectives of the Resource Collection role (page 273) written on newsprint.

PLANNING ACTIVITIES

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. As you review Handout 1, "Steps in Developing and Maintaining the Resource Collection," consider current resources available to help start the collection.

CONSIDERATIONS

1. Note that the term "Resource Collection" is used rather than Resource Center because the materials need not be housed in a separate area or center.
2. Appendices A and B of this module (page 279-286) contain detailed information about developing and organizing a resource collection.

DIRECTIONS

PURPOSE OF THE RESOURCE COLLECTION (10 MINUTES)

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.
2. Describe the nature and purpose of the Resource Collection, emphasizing its importance to overall program success. Convey the following information:

   Nature The Resource Collection consists of books, pamphlets, brochures, periodicals, newsletters and possibly some audio-visual materials that relate to disability or disabled individuals.

__Purpose__ The importance of the Resource Collection to overall program success cannot be overstated. The collection serves two purposes:

1. *The Resource Collection is a vital resource to LCD Team members. It supplies needed information for implementation of the LCD Program including the 7 team roles. Examples--the collection provides information about local resources to assist in LCD Planning, resources to help team members respond to requests for information, materials for conducting training workshops, advocacy information, and curriculum materials for development of instructional experiences.*
2. *The Resource Collection, housed at the community college, provides an important information service to disabled people, their families, and other interested individuals from the community and the community college. The scope of the materials is broad enough to meet many of the information needs of consumers, family members and professionals.*

STEPS IN DEVELOPING AND MAINTAINING THE RESOURCE COLLECTION (30 MINUTES)

1. Distribute Handout 1, "Steps in Developing and Maintaining the Resource Collection" to each trainee.
2. Appoint a recorder to take notes of suggestions that are made during discussion of Handout 1. Encourage trainees to ask questions or give suggestions as you discuss Handout 1.
3. Review each of the points 1 through 8 outlined in Handout 1. When appropriate, pause for questions and discussion.
4. Collect the notes of the discussion from the recorder. Keep them for use during MODULE ELEVEN.

GOAL AND OBJECTIVES OF THE ROLE (5 MINUTES)

1. Display and review the list of goal and objectives of the Resource Collection role that have been copied onto newsprint as follows:

   Goal and Objectives of the Resource Collection:

   GOAL: Make available disability-related information and resources to interested individuals.

   OBJECTIVES:

   a. Collect and organize resources in an accessible manner.
   b. Respond to requests for information available in the Resource Collection.
   c. Acquire and organize information about local and state resources for inclusion in the Resource Collection.
   d. Update and revise the Resource Collection.

2. On the poster of the LCD Program Model, point to where the Resource Collection is listed: under LCD Services to Agencies and Community, LCD Services to Communtiy College, and LCD Services to Disabled Individuals. Ask if there are any questions and discuss any points that require clarification.
3. End session by distributing "Trainee Evaluation" forms (page 277) and asking trainees to complete their evaluations of the module. Collect trainees' evaluations.

MODULE EIGHT
Handout 1

STEPS IN DEVELOPING AND MAINTAINING THE RESOURCE COLLECTION

The following is an outline of recommended steps in developing and maintaining a Resource Collection for the LCD Program.

1. Assess current resources at the community college.

    a. Determine materials and resources already available.

    b. Is there a resource center or library in existence that could house the Resource Collection?

    c. Consider staffing resources currently available. For example, is a librarian available for consultation? What clerical assistance might be available?

2. Select a resource coordinator to manage the collection.

    a. The resource coordinator should have good organizational and/or clerical skills. If the resource coordinator does not have typing skills, arrangements for typing services are needed.

    b. Library skills are desirable.

    c. Background knowledge of the fields of special education or rehabilitation

    d. The resource coordinator should be effective in working with the public, community college faculty, staff and students, and others.

    e. It is not mandatory that the resource coordinator be a team member. However, *if* the *resource coordinator is not* a *member* of the team, a *team member* should be appointed as a *liaison* to oversee resource development.

3. Determine a place to house the collection.

    a. The location *must be accessible* to disabled people.

    b. Try to choose a location that is convenient for team members and that allows room for expansion as the collection grows.

    c. Provide tables and chairs as work space for those using the collection.

4. Obtain funds for acquisition of materials.

    a. Determine possible sources of funding through the community college.

    b. Explore opportunities for donations or sponsorship by civic clubs or other local organizations.

    c. Examine feasibility of a Gift Book Program whereby a bookplate recognizing the donor is placed in the front of each donated resource.

5. Organize materials.

   a. Review Appendix A, "Some Hints for Beginning a Resource Collection," (pages 279-282).

   b. Consult with a librarian if possible. If consultation with a librarian is not feasible, examine alternatives listed in MODULE EIGHT, Appendix B "Organization of the Resource Collection" (pages 283-286).

   c. Choose and implement the system of organization most appropriate for the collection and the needs of its users. Note--when you begin collecting resources you may be tempted to shelve materials without concern for organization. This may work so long as the collection is small. However, we urge you to develop a system of organization and retrieval before the size of the collection becomes unmanageable.

6. Determine utilization policies.

   a. Decide whether the collection will be available on a lending basis. Be aware that more staff time is required to manage a lending collection.

   b. If materials are to be used in-house only, try to provide access to a copy machine for users who want to make their own copies. You may wish to establish a rule that users leave their driver's licenses or student IDs while taking materials out of the room to copy.

7. Disseminate Resource Collection information.

   a. Respond to inquiries and requests for information on an ongoing basis.

   b. Provide an orientation to familiarize users with the organization and retrieval of information in the collection.

   c. Provide assistance, as needed, to disabled individuals using the collection.

   d. For evaluation purposes, keep a record or log of people who visit or utilize the Resource Collection.

8. Update the Resource Collection.

   a. Continually update the Resource Collection with regard to local, state and national resources. This includes adding new information and removing outdated information.

      Suggested techniques for gathering community resource information: 1) arrange for community college students to gather information about community resources as a class project; 2) during LCD Advisory Committee meetings, allot time for committee members to write information about their respective agencies and other community resources.

   b. Communicate with the LCD Team, Advisory Committee and others regarding update of the Resource Collection. Discuss new resources at team meetings and advisory committee meetings.

Date________________

TRAINEE EVALUATION
MODULE EIGHT

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	some-what	adequately	well	very well
A. state the purposes of the Resource Collection?	1	2	3	4	5
B. recognize steps in developing, organizing and maintaining the Resource Collection?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List any activities or presentations you feel were particularly useful: ____________________

4. List any activities or presentations you feel did not contribute to your learning: ____________________

5. How could this module be improved? ____________________

Some Hints for Beginning a Resource Collection

Shelving and Storage

If your resource collection is housed in a new location (rather than being integrated into an existing library) and funds are limited, you may want to consider purchase of metal utility shelves. These shelving units, sold at discount and department stores, are an inexpensive alternative to conventional wooden book shelves.

Materials in the resource collection are likely to include pamphlets and booklets as well as hardback books. Cardboard file boxes are useful in organizing and storing small materials like pamphlets, booklets or newsletters. These file boxes are relatively inexpensive and usually available from office supply stores.

Free and Low Cost Materials

Many pamphlets, booklets and manuals containing disability related information are available free of charge or for a nominal fee. It's often productive to send a letter to organizations requesting information or materials about a general topic (e.g. employment of disabled people). We've found organizations like those listed below to be very good sources of free or low cost materials (their addresses can be found in the Resource Guide).

President's Committee on Employment of the Handicapped
United Cerebral Palsy
Epilepsy Foundation of America
Gallaudet College (information on hearing impairment)
National Association for Retarded Citizens
National Spinal Cord Injury Foundation
American Foundation for the Blind

Newsletters

Newsletters are a useful and low cost resource. Request that your name or the name of your organization be placed on the mailing list to receive newsletters published by various local, state and national organizations, programs and projects. Newsletters clue readers into the latest information about new resources as well as the organization's activities. The following are some of the newsletters or free periodicals that we've found helpful.

The Coalition
American Coalition of Citizens
with Disabilities, Inc.
1200 15th Street N.W. Suite 201
Washington, D.C. 20005

Common Sense from Closer Look
Parent's Campaign for Handicapped Children and Youth
Box 1492
Washington, D.C. 20013

Disabled USA
The President's Committee on
Employment of the Handicapped
Washington, D.C. 20210

In the Mainstream
Mainstream, Inc.
1200 15th Street, N.W.
Washington, D.C. 20005

P.C.M.R. Newsbreak
President's Committee on Mental Retardation
Washington, D.C. 20201

Re-Search
Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers
George Washington University
1828 L. Street, N.W., Suite 704
Washington, D.C. 20036

Key Resources

You may want to purchase several key resources that contribute a substantial amount of information, such as those listed in the Top Ten Resources list that follows. These key materials supplement the Resource Guide in forming the "backbone" of the resource collection.

These are resources we've found particularly useful. The information contained in these resources would make a substantial contribution to your LCD collection.

Titles

Disability and Rehabilitation Handbook

Guidance, Counseling and Support Services for High School Students with Physical Disabilities

Handicapped Funding Directory

New Options and New Options Training Manual

Creating An Accessible Campus

National Resource Directory (by the National Spinal Cord Injury Foundation)

Who Cares? A Handbook on Sex Education and Counseling Services for Disabled People

Way To Go

How to Organize an Effective Parent/Advocacy Group and Move Bureaucracies

Annotations

Disability and Rehabilitation Handbook, Goldenson (Ed.), 1978. Available from: McGraw-Hill Book Company, 1221 Avenue of the Americas, New York, NY 10020. Cost: $24.50

> This hardback volume (864 pages) provides a wealth of information about disabilities of every major type and all phases of the rehabilitation process. It is an excellent reference for many of the disability-related topics that pertain to the LCD program. We highly recommend Disability and Rehabilitation Handbook for inclusion in the resource collection.

Guidance, Counseling and Support Services for High School Students with Physical Disabilities, 1977. Available from: Technical Education Research Centers, Inc., 44 Brattle Street, Cambridge, MA 02138 (617) 547-0430. Cost: $16.03 with shipping

> Although this softbound manual (457 pages) was written for people working with high school students, most of the information has relevance for students in a college setting as well. Disabilities covered include: visual, hearing, orthopedic, neuromuscular (includes cerebral palsy), epilepsy and chronic health conditions. It covers medical aspects, personal adjustment, educational and career planning, vocational assessment, testing, job placement and parent involvement. It includes practical suggestions for professionals working with disabled students.

Handicapped Funding Directory, Eckstein (Ed.), 1978-79. Available from: Research Grant Guides, P.O. Box 357, Oceanside, NY 11572. Cost: $14.50.

This 163-page paperback book, published yearly, provides information about foundations, associations and federal agencies that fund programs related to handicapped individuals. Information is listed by state. The directory also contains information about proposal writing and evaluation.

New Options and New Options Training Manual, Cole et al., 1979. Available from: The Independent Living Research Utilization Project, The Institute for Rehabilitation and Research, 1333 Moursund, Houston, TX 77030, (713) 797-1440. Cost: New Options book, $3.95; New Options Training Manual, $5.95.

The New Options book (113 pages, softbound) explores processes through which severely physically disabled individuals become independent members of the community. New Options was designed to enhance the reader's awareness of the wide range of options that are available to both congenitally disabled persons and individuals who have acquired disabilities later in life. It examines the New Options project as one model for teaching skills necessary for participating fully in community life.

The New Options Training Manual (129 pages, looseleaf notebook) deals with the particulars of establishing and operating a program to teach community living skills to severely physically disabled individuals. The manual contains outlines of each meeting of the eleven training modules used in the New Options program. By using an outline as a model and information source readers should be able to conduct a similar teaching session on any of the subject areas.

National Resource Directory: A Guide to Services and Opportunities for Persons with Spinal Cord Injury or Disease and Others with Severe Physical Disabilities, 1979. Available from: National Spinal Cord Injury Foundation, 369 Elliot Street, Newton Upper Falls, MA 02164, (617) 964-0521. Cost: Under $5.00.

This softbound directory (166 pages) is an excellent resource containing detailed, practical information about spinal cord injury including medical aspects, health care, rehabilitation, emotional adjustment, daily living aspects and vocational considerations. The directory lists many resources to help meet the needs of orthopedically handicapped individuals and individuals with other disabilities as well.

Who Cares? A Handbook on Sex Education and Counseling Services for Disabled People, Chipouras et al., 1979. Available from: RRRI-ALLB, George Washington University, 1828 L Street, N.W., Suite 704, Washington, D.C. 20036. Cost: $10.00.

This 234-page softbound manual is a comprehensive resource about sexuality and disability. It contains information useful to rehabilitation service providers, policy makers, trainers and consumers. The handbook discusses myths, the need for sexuality services in various settings, training needs and options to implement services, consumer information, and information about medical aspects of disability that relate to sexuality.

Way To Go, 1978. Available from: University Park Press, International Publishers in Science and Medicine, 233 East Redwood Street, Baltimore, MD 21202. Cost: $12.50

Way To Go, a series of five folios in a three-ring binder, covers a range of issues that relate to developmentally disabled individuals in the community. These well-illustrated folios are entitled Normalization, Rights, Advocacy, Individual Program Planning, and Survival Kit.

How to Organize an Effective Parent/Advocacy Group and Move Bureaucracies, Des Jardins, 1980. Available from: Coordinating Council for Handicapped Children, 407 South Dearborn, Room 680, Chicago, IL 60605, (312) 939-3513. Cost: $4.50

This 140-page softbound manual is a practical guide to the development of an effective advocacy group. Although specifically geared toward development of parent advocacy groups, the manual addresses many issues that apply to development of advocacy movements in general. Topics include choosing leadership and mobilizing talent, organizing groups, funding, bargaining techniques and dealing with bureaucracies.

Creating An Accessible Campus, Coons and Milner (eds.), 1978. Available from: The Association of Physical Plant Administrators of Universities and Colleges, 11 Dupont Circle, Suite 250, Washington, D.C. 20036. Cost: $13.50

This 143-page softbound manual describes accessibility standards and suggests ways to improve accessibility in a variety of campus settings. Many of the adaptations also are pertinent to other settings.

A guide to barrier-free conferences or meetings might also be helpful. Examples:

Barrier Free Meetings: A Guide for Professional Associations, American Association for the Advancement of Science, 1515 Massachusetts Avenue, N.W., Washington, D.C. 20005.

Manual for Accessibility: Conference, Meeting and Lodging Facilities, Accessibility Committee, Wisconsin Rehabilitation Association c/o Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751. Cost: $2.50

Organization of the Resource Collection: An Option if a Librarian is not Available

Introduction

This information is geared primarily for those LCD teams that do not have access to the skills and expertise of a trained librarian. If a member of your LCD team is a librarian or if a librarian is available to assist in organizing the resource collection, by all menas, make use of that person's skills and experience. A librarian's guidance can help you avoid many of the pitfalls and problems that plague organization of such systems.

The first part of this section describes how to organize a system by accession numbers. The second part describes how to develop card files for information retrieval.

Organization by Accession Numbers

The basic goal of the resource collection is to provide access to needed information. A simple system for providing access is organization by accession numbers. If implemented consistently and methodically, it is a workable system that can be developed by a person with no formal training in library skills.

To implement this system, each item or resource is numbered as it is received, then placed on the shelves in numerical order. For example, if the resource collection initially has 20 books, these will be numbered 1 through 20. No effort is made to group materials by subject area; this system relies solely on chronological order. As additional materials are added to the collection, they should be numbered in the order they are received.

Accession stamps, available from office supply stores, are the most convenient method for numbering books. An accession stamp automatically increases to the next largest number each time it is used.

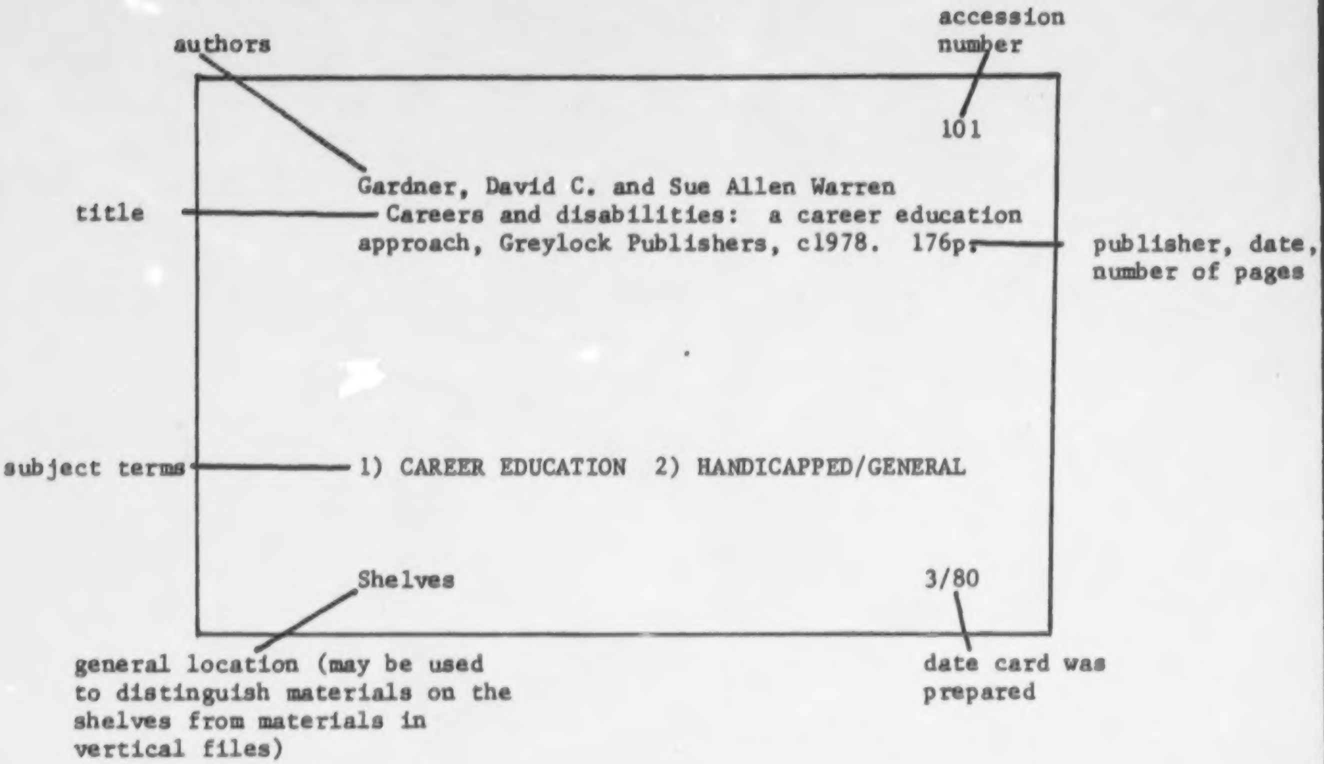
Card Files

The accession number assigned to each resource in the collection automatically establishes the location of materials on the shelves. Card files--author, title and subject--provide the crucial link between the user's need for information and the acquisition of the materials in the collection that meet the need.

To establish author, title and subject card files, first a 3" x 5" card is prepared to describe each piece of material in the collection. The format of the information contained on each card should be standardized.

Once the basic information is established in a standard format, development of the author, title and subject cards is very simple as shown below.

AUTHOR CARD


accession number
authors
title
publisher, date, number of pages
subject terms
general location (may be used to distinguish materials on the shelves from materials in vertical files)
date card was prepared

101

Gardner, David C. and Sue Allen Warren
Careers and disabilities: a career education approach, Greylock Publishers, c1978. 176p.

1) CAREER EDUCATION 2) HANDICAPPED/GENERAL

Shelves 3/80

TITLE CARD

101

Careers and Disabilities

Gardner, David C. and Sue Allen Warren
Careers and disabilities: a career education approach, Greylock Publishers, c1978. 176p.

1) CAREER EDUCATION 2) HANDICAPPED/GENERAL

Shelves 3/80

SUBJECT CARD

101

CAREER EDUCATION

Gardner, David C. and Sue Allen Warren
Careers and disabilities: a career education
approach, Greylock Publishers, c1978. 176p.

1) CAREER EDUCATION 2) HANDICAPPED/GENERAL

Shelves 3/80

The author cards and title cards from each resource are filed alphabetically in the author and title files respectively.

Development of a subject file is a more complicated but highly important procedure. The subject file allows the user to locate materials according to subject category. The majority of users will approach the system looking for materials that relate to particular topics of interest. The subject file is the link between users' needs and the materials in the collection that meet those needs.

Development of a subject classification system is a specialized task that requires library training. As an alternative to developing a new system, a list of subject terms is presented on page .

For each piece of material in the collection, the subject term that relates to the materials is established and a subject card is typed and placed under that term in the subject card file. When a material relates to more than one subject, a card is made and filed under each of the pertinent subject terms.

As the resource collection grows, you may wish, with a librarian's guidance, to consider other organizational systems. If author, title and subject files have been established and maintained, the transition to a new system of organization is much easier.

SAMPLE SUBJECT HEADINGS FOR RESOURCE COLLECTION

ADULT & CONTINUING EDUCATION
ADVOCACY
ATTITUDES
BLIND & VISUALLY IMPAIRED
CAREER DEVELOPMENT
CAREER EXPLORATION
CAREER OPPORTUNITIES
CEREBRAL PALSY
CIVIC AFFAIRS
COLLEGE & UNIVERSITY PROGRAMS
COMMUNICATION & INTERPERSONAL SKILLS
COMMUNITY COLLEGE PROGRAMS
COUNSELING TECHNIQUES
DAILY LIVING SKILLS (GENERAL)
DEAF & HEARING IMPAIRED
DISADVANTAGED
EPILEPSY
EMOTIONALLY DISTURBED
FAMILY LIVING
FINANCIAL MANAGEMENT
HOUSING & HOME MANAGEMENT
HYGIENE & GROOMING
INSTRUCTION TECHNIQUES
JOB PLACEMENT
LEARNING DISABILITY
LEGISLATION
MENTAL RETARDATION
MOBILITY
NATIONAL ORGANIZATIONS & RESOURCE
OCCUPATIONS SKILLS (GENERAL)
ORTHOPEDIC DISABILITY
OTHER HEALTH IMPAIRMENTS
PARENTS & FAMILY
PERSONAL-SOCIAL SKILLS (GENERAL)
RECREATION & LEISURE
SELF-CONCEPT
SEXUALITY
SPEECH & LANGUAGE IMPAIRED
SUBSTANCE ABUSE
STATE & LOCAL RESOURCES
VOCATIONAL EVALUATION
VOCATIONAL TRAINING
WORK ADJUSTMENT

Within the subject index, you also may want to include "see references" in the file that guide the user to the specific term you've used for a content area. For example, a patron looking for information in the index under "architectural barriers" would find a card refering him to "Mobility." Sample "see references" are presented below. We recommend that you add to this list as needed.

Alcoholism see SUBSTANCE ABUSE
Amputations see ORTHOPEDIC DISABILITY
Architectural Barriers see MOBILITY
Bladder Control see HYGIENE & GROOMING
Bowel Control see HYGIENE & GROOMING
Clothing see HYGIENE & GROOMING
Consumerism see ADVOCACY
Continuing Education see ADULT & CONTINUING EDUCATION
Cooking see HOUSING & HOME MANAGEMENT
Developmentally Disabled see CEREBRAL PALSY
  EPILEPSY
  MENTAL RETARDATION
Drug Abuse see SUBSTANCE ABUSE
Grooming see HYGIENE & GROOMING
Hearing Impaired see DEAF & HEARING IMPAIRED
Home Management see HOUSING & HOME MANAGEMENT
Interpersonal Skills see COMMUNICATION & INTERPERSONAL SKILLS
Language Impaired see SPEECH & LANGUAGE IMPAIRED
Legal Rights see LEGISLATION
Leisure see RECREATION & LEISURE
Medical Aspects see each separate disability category
Placement see JOB PLACEMENT
Quadriplegia see ORTHOPEDIC DISABILITY
Self-Awareness see SELF-CONCEPT
Social Skills see PERSONAL-SOCIAL SKILLS
University Programs see COLLEGE & UNIVERSITY PROGRAMS
Visually Impaired see BLIND & VISUALLY IMPAIRED
Vocational Skills see OCCUPATIONAL SKILLS

CHAPTER 17

TRAINING MODULE NINE

INFORMATION SERVICE

GOAL Instruct trainees in the process and procedures of the role of Information Service.

OBJECTIVES Trainees should be able to:

1. Recognize situations that require Information Service.
2. Deliver appropriate information following recommended procedures.
3. Recognize and use the Resource Collection as an aid to providing information.

Topic	Activity	Time
Understanding the Role of Information Service	Presentation by Trainer	15 minutes
Steps in Providing Information Services	Small Group Activity	15 minutes
Examples of Information Requests	Small Group Activity	25 minutes
Goal and Objectives of the Role	Presentation by Trainer	15 minutes
	TOTAL	1 hr. 10 min.

MATERIALS AND RESOURCES NEEDED

1. Sheets of newsprint, felt tip markers and an easel for making tape.

   The following material:

   - The first page of MODULE NINE (page 287); 1 copy for each trainee.
   - Handout 1, "Steps in Providing Information Services" (page 293) 1 copy for each trainee.
   - Activity Sheet 1, "Examples of Information Requests" (page 295) xerox a copy and cut it into strips with one example for each small group.
   - Trainee's Evaluation of MODULE NINE (page 299); 1 copy for each trainee.

2. Goal and objectives of the Information Service role (page 291) written on newsprint.

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Read Chapter 3, "The LCD Program Model," and become thoroughly familiar with the role of Information Service.
3. Cut a xeroxed copy of Handout 2, "Examples of Information Requests," into strips for use during the small group activity. If more than 3 groups will participate, xerox and cut up additional copies as needed.
4. Carefully read and study the sample answers (page 297) to the small group activity. These provide guidelines for responses; they are not the only acceptable answers.

CONSIDERATIONS

1. For team members just getting the program started, the role of Information Service may seem vague and hard to pinpoint. It may be helpful to review some of the points from this module after the program has been underway for 4-6 months. This allows team members to examine their activities that can be considered part of Information Service.
2. The final step in the provision of Information Services is to document the service and its outcome. As described in Chapter 20, "Program Evaluation," typically the LCD Coordinator assumes responsibility for compiling program evaluation data. At some point--whether during this module or later the coordinator should discuss specific documentation of this role with the team members so record keeping will be thorough.

3. If you choose to give trainees a break during the module, we recommend scheduling the break right after "Steps in Providing Information Services."

DIRECTIONS

UNDERSTANDING THE ROLE OF INFORMATION SERVICE (15 MINUTES)

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.

2. Provide an overview of the scope of the role. Convey the following information:

   The role of Information Service encompasses a wide range of activities. It includes procedures as simple as answering a phone caller's question about the location of a local organization's office. Or, it may call for indepth interaction that resembles consultation.

3. Describe the team members' responsibilities in this role. Convey the following information:

   The Information Service of the LCD Program can be described as conferring with or providing information to people who contact you with requests for information or advice. Specific requests will vary considerably but their common theme will be concern with issues related to disability.

STEPS IN PROVIDING INFORMATION SERVICES (15 MINUTES)

1. Describe the steps in the process. Convey the following information:

   Certain steps are involved in fulfilling the role of Information Service, regardless of the complexity of the request. You need to be aware of this process in order to make the experience constructive for everyone concerned.

2. For each step, list the underlined words on the chalkboard or newsprint as you describe them to the trainees. Convey the following information:

   1. Individual(s) contact an LCD Team member with a request.

   2. LCD Team member reviews and evaluates the situation:

      a. Ask specific questions to clarify exactly what the individual(s) want and need from you.

      b. If appropriate, review records, plans or documents that pertain to the request.

      c. Gather information from the Resource Collection and other sources as needed.

   d. *Evaluate the compiled information.*

3. *Team member formulates information or referral based on evaluation of pertinent data.*

4. *Team member conveys information or referral to the individual(s) requesting assistance.*

5. *Record a summary of the service provided.*

6. *Follow up to determine whether the information or referral was satisfactory and record outcome.*

3. Answer any questions trainees may have.

4. Distribute a copy of Handout 1 "Steps in Providing Information Services" to each trainee.

5. Ask trainees to consider those steps as you relate the example. Convey the following information:

   I would like to share with you a request encountered by another LCD Team. The LCD Coordinator was contacted by architects designing a new airport terminal. They wanted input about ways to make the building fully accessible to disabled people.

   First the coordinator asked questions to help clarify the request, then she would call them with further information the next day.

   The LCD Coordinator perused the Resource Collection to collect articles and manuals about accessibility standards. She also called several disabled people in the community whom she knew were concerned with architectural accessibility. They agreed to be available for consultation.

   The following day she contacted the architects to make 2 recommendations: 1) they get input from the disabled individuals she'd contacted, and 2) they read relevant materials on architectural accessibility standards available from the LCD Resource Collection or by ordering their own copies from the publisher. The coordinator recorded a brief summary of this service in the space provided on the monthly activities record (MAR) (see Appendix F).

   Two weeks later, the LCD Coordinator contacted the architects to inquire about the effectiveness of the information and referral that she previously recommended. The architects reported success with gathering the needed input and the coordinator recorded the outcome.

6. Provide opportunity for discussion of the example.

EXAMPLES OF INFORMATION REQUESTS (25 MINUTES)

1. Divide trainees into groups of 2-4 people.

2. Read directions aloud as written:

READ:

THIS ACTIVITY WILL GIVE YOU PRACTICE IN RESPONDING TO AN INFORMATION REQUEST. I WILL GIVE EACH GROUP AN EXAMPLE OF A REQUEST THE TEAM MIGHT RECEIVE. AFTER A MEMBER OF THE GROUP READS THE EXAMPLE ALOUD, DISCUSS HOW YOUR GROUP WOULD HANDLE THE REQUEST, USING THE STEPS OUTLINED IN HANDOUT 1 AS YOUR GUIDE.

EACH GROUP SHOULD SELECT A RECORDER WHO WILL REPORT THE DISCUSSION TO THE WHOLE GROUP. YOU WILL HAVE 10 MINUTES TO DISCUSS THE REQUEST.

3. Distribute Activity Sheet 2, "Examples of Information Requests," cut into strips, so that each group receives 1 example.
4. Circulate among the groups and note points for later discussion.
5. Alert the groups when 5 minutes remain.
6. Ask each recorder to summarize the group's request and describe how they decided to respond to the request.
7. Using the answers on page 297 as a guide, conduct a brief discussion of each response.

GOAL AND OBJECTIVES OF THE ROLE (15 MINUTES)

1. Display and review the goal and objectives of the Information Service role that have been copied onto newsprint as follows:

   GOAL: Provide appropriate information and referrals in response to requests from individuals in the community.

   OBJECTIVES:

   a. Clarify the request for information.
   b. Formulate and communicate the information or referral in response to the request.
   c. Follow up to determine whether information or referral was satisfactory.

2. On the poster of the LCD Program Model, point to where Information Service is listed: under LCD Services to Agencies and Community, LCD Services to Community College and LCD Services to Disabled Individuals. Ask if there are questions and discuss any points that require clarification.
3. Discuss the importance of recognizing information services provided by the team. Convey the following information:

   The team role of Information Service is sometimes difficult to grasp as the program first gets underway. This seems to occur for several reasons: 1) this role differs from training and some of the other *program activities because other people come to the team with requests--the team doesn't initiate the interaction and 2) many every day sorts of problem solving and guidance provided by team members actually fall under the role of Information Service. It's easy to overlook these activities when in fact they are an important service within the program.*

As you begin work as team members, don't overlook the information services you provide day-to-day. Keep records of your activities in this role so the full scope of LCD services can be documented.

4. Ask trainees to read Chapter 31 in the RESOURCE GUIDE before the next session when MODULE TEN, Advocacy, will be conducted.

5. End session by distributing "Trainee Evaluation" forms (page 299) and by asking trainees to complete their evaulation of the module. Collect trainees' evaluations.

STEPS IN PROVIDING INFORMATION SERVICES

DEFINITION OF INFORMATION SERVICE: providing information or referral to people who contact you with requests for information related to disabilities or persons with disabilities.

STEPS:

1. Individual(s) contact an LCD Team member with a request.
2. LCD Team member reviews and evaluates the situation:
    a. Ask specific questions to clarify exactly what the individual(s) want and need from you.
    b. If appropriate, review records, plans or documents that pertain to the request.
    c. Gather information from the Resource Collection and other sources as needed.
    d. Evaluate the compiled information.
3. Team member formulates information or referral based on evaluation of pertinent data.
4. Team member conveys information or referral to the individual(s) requesting assistance.
5. Record a summary of the service provided on the LCD Monthly Activities Report.
6. Follow up to determine whether the information or referral was satisfactory and record outcome.

EXAMPLES OF INFORMATION REQUESTS

1. An instructor at the community college contacts the LCD Team for assistance in adapting instruction methods and materials for a visually impaired student.

--------------------------------------cut along dotted lines--------------------------------------

2. A disabled student at the community college who previously has not participated in the Program contacts the LCD Coordinator. He is seeking assistance in selecting courses appropriate for his chosen career.

---

3. An LCD Team member is contacted by a woman who is concerned about her niece. Her niece is mentally retarded and has been very dependent on her parents all her life. Since her parents are growing old, the aunt would like assistance in finding training for her niece.

EXAMPLES OF INFORMATION REQUESTS:

ANSWER SHEET

1. Discuss the request with the instructor to make sure you understand the teacher's situation. Based on your knowledge of the Resource Collection recommend the instructor read some of the materials in the collection and show the instructor how to use the collection. Also suggest the instructor speak with the student about his ideas and suggestions. Document the service and later follow up with the instructor and record the outcome.

2. One issue in particular requires clarification: Does the student have another advisor on campus? If so, is it "politically" acceptable for another staff member to advise the student?

   Gather information from the student to clarify the request. Based on that information, decide whether you have the expertise to recommend courses or whether more appropriate campus resources are available.

   If you feel you have the expertise, continue discussion with the student and provide information about appropriate course options. If another campus resource seems more appropriate, refer the student to that resource. Document the service you provided. Later, follow up and record outcome of your interaction with the student.

3. Ask the aunt questions about the type of training and outcomes that might be desirable for her niece. Based on this information, explain the LCD Program and recommend that her niece come in for an orientation session or, refer her to another resource. Record the service provided; later follow up and document the outcome.

Date________________

TRAINEE EVALUATION
MODULE NINE

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	some-what	adequately	well	very well
A. recognize situations that require Information Service?	1	2	3	4	5
B. deliver appropriate information following recommended procedures?	1	2	3	4	5
C. recognize and use the Resource Collection as an aid to providing information?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List any activities or presentations you feel were particularly useful: ________________

4. List any activities or presentations you feel did not contribute to your learning: ________________

5. How could this module be improved? ________________

CHAPTER 18

TRAINING MODULE TEN

ADVOCACY

GOAL Prepare trainees to provide effective advocacy services for individuals who are disabled.

OBJECTIVES Trainees should be able to:

1. Define advocacy and identify four types of advocacy.
2. Demonstrate an understanding of certain legislation that specifies legal rights of people with disabilities.
3. Describe approaches to conducting effective advocacy.
4. Locate advocacy resources at the local, state and national levels.
5. Identify the specific role of the LCD Team in providing advocacy services.

Topic	Activity	Time
Defining Advocacy	Presentation by Trainer and Activities	30 minutes
Orientation to Legislation	Presentation by Trainer	15 minutes
Conducting Effective Advocacy	Presentation by Trainer and Activity	25 minutes
Linkage with Other Advocacy Resources	Presentation by Trainer	15 minutes
In This Situation	Small Group Activity	30 minutes
The Team Role of Advocacy	Presentation by Trainer and Small Group Activity	25 minutes
	TOTAL	2 hrs. 20 min.

MATERIALS AND RESOURCES NEEDED

1. Sheets of newsprint, felt tip markers and masking tape.
2. The following materials:
    - The first page of MODULE TEN (page 301); 1 copy for each trainee.
    - Handout 1, "Feelings About People Who Are Disabled," (page 1 copy for each trainee.
    - "Using the Media" (page 106); xerox 1 copy from Chapter 7 for each trainee.
    - Activity Sheet 1, "A Case Study; George Boudreau," (page 315); 1 copy for each trainee.
    - Activity Sheet 2, "For Group A: Advocating Accessible Transportation," (page 317); 1 copy for each trainee. Note: You will need Activity Sheet 2 only if you select "In This Situation" Option I.
    - Activity Sheet 3, "For Group B: Awareness of Handicap Parking" (page 319); 1 copy for each trainee. Note: You will need Activity Sheet 3 only if you select "In This Situation" Option II.
    - "Trainee's Evaluation of MODULE TEN (page 321); 1 copy for each trainee.
3. Trainees will need to refer to Chapters 31 and 32 "Advocacy and Legislation" in the RESOURCE GUIDE.
4. One or more copies of Section 504 regulations from the Federal Register Wednesday, May 4, 1977, Part IV: Department of Health Education and Welfare Office of the Secretary, "Non Discrimination on Basis of Handicap: Programs and Activities REceiving or Benefiting from Federal Financial Assistance," To obtain a copy, contact your state office of Civil Rights.
5. Copy the names of 4 types of advocacy onto newsprint: Case Advocacy, Class Advocacy, Citizen Advocacy, Self Advocacy. This is used during the "Defining Advocacy" activity (page 304).
6. Summaries of the sections of the Rehabilitation Act of 1973 copies onto newsprint for use during "Orientation to Legislation" Copy only the parts underlined on pages
7. Copy the state Protection and Advocacy agency address onto newsprint for use during "Linkage with Other Advocacy Resources" (page 309).
8. Goal and objectives of the Advocacy role (page 301) written on newsprint.

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PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Become thoroughly familiar and comfortable with the concept of advocacy and the 4 types of advocacy discussed in the module. In addition to Chapters 30 and 31 in the RESOURCE GUIDE, you may wish to read other resources on advocacy. Recommended resources are listed at the end of the module.
3. Read Chapter 7, "Community Awareness," and study the tips for "Using the Media," page 100.
4. Carefully read Chapters 31 and 32 in the RESOURCE GUIDE "Advocacy and Legislation," and become thoroughly familiar with the section on legislation. Read Section 504 as it appears in the Federal Register.
5. Read "In This Situation" Options I and II on pages 310 and 311 and select the activity you prefer. If time permits you may wish to conduct both activities, which adds 30 minutes to the module.
6. If you select Option I, "Section 504--A Case Study," become thoroughly familiar with "A Case Study: George Boudreau" (page 315). Study the answers on page 316 and review relevant portions of Section 504 as it appears in the Federal Register. Provide trainees with access to the Register as they participate in the activity.
7. If you select Option II, "Planning Advocacy Strategy," carefully read Activity Sheet 1 for Group A (page 317) and Activity Sheet 2 for Group B (page 319). Be prepared to answer questions about the directions and consider how you would approach the issues raised in these activities.
8. Well in advance of the session, notify trainees that they are to read carefully Chapters 31 and 32 on Advocacy and Legislation in the RESOURCE GUIDE before MODULE TEN is conducted. Provide copies of the chapters of the RESOURCE GUIDE if they do not already have copies.

CONSIDERATIONS

1. It is especially important for the trainer to be knowledgeable about disability-related legislation in order to present necessary information and answer questions.
2. The Advocacy module also can be used effectively with groups other than the LCD team. The activities can be adapted to meet the group's specific needs. For example, you may focus on different legislation in the "Orientation to Legislation" and "Case Study." Both Options I and II (pages 315 and 317) can be used during more extensive training.
3. If using this module to train a large number of people, allow additional time for small groups to share their responses to the activities because more groups will be involved.
4. The activity in the last section, "The Team Role of Advocacy," can be easily modified for use with other groups. As you read directions on page 312 , omit specific reference to the team.
5. If you choose to give trainees a break during the module we recommend scheduling the break after "Linkage with Other Advocacy Resources."

DIRECTIONS

DEFINING ADVOCACY (30 MINUTES)

1. Distribute a copy of the first page of MODULE NINE to each trainee and explain the goal and objectives of the module.
2. Define advocacy. Convey the following information:

   The definition of the term "advocacy" is actually simple and straightforward but has become confusing because of the many connotations associated with it. Advocacy is the process of speaking and/or acting on your behalf or on behalf of another person. (Write this definition on newsprint and post the sheet in clear view.)

   We have all served as advocates for ourselves or others. You act as a self-advocate when you return a faulty appliance to the dealer. Parents serve as advocates for their children when conferring with a teacher regarding problems in the classroom. These are just a few examples of advocacy as it occurs in daily life.

3. Read directions aloud as written:

READ:

THIS NEXT ACTIVITY WILL HELP YOU IDENTIFY THE CONCEPT OF ADVOCACY. TAKE SEVERAL MINUTES TO THINK OF TIMES WHEN SOMEONE HAS SERVED AS AN ADVOCATE FOR YOU, OR WHEN YOU HAVE BEEN AN ADVOCATE FOR YOURSELF OR FOR OTHERS.

4. Ask trainees to share their advocacy experiences and provide opportunities for discussion.
5. Ask trainees to turn to the pages in Chapter 31 that the four types of Advocacy are described in the RESOURCE GUIDE. Ask if there are any questions about this advocacy typology.
6. Ask trainees to remove these pages from view. Post the names of the types of advocacy (case, class, citizen and self) and read directions aloud as written:

READ:

AFTER I DESCRIBE A SITUATION, WRITE DOWN WHICH ONE OF THE FOUR TYPES OF ADVOCACY IS INVOLVED. AT THE END, WE WILL DISCUSS THEM.

7. Describe examples of types of advocacy, pausing a few seconds after each item for trainees to write down their answers. Convey the following information:

1. *Jeff is preparing to move out of the state residential facility for developmentally disabled persons. He talks with Mike, his advocate, about the steps in renting an apartment and developing a budget.*

2. *The manager of a large resort told a tour group of physically disabled guests not to use the pool because they were "unsightly." At the group's request, a representative from the local advocacy council meets with the hotel manager to discuss the situation so that disabled guests in the future will not receive similar treatment.*

3. *The supervisor of the campus cafeteria told Tom that his guide dog was not permitted in the cafeteria because no pets are allowed. Tom speaks to the Director of Food Services to clarify his right to bring his guide dog into the cafeteria.*

4. *After accepting employment, Mary discovered the door of the office restroom is too narrow for her wheelchair. Because of cost, her employer refused to make modifications. The local advocacy council refers Mary to a lawyer who assists her in pursuing the issue in court.*

5. *A local organization for hearing impaired people sues the city school district for failure to provide individualized special education for pre-school children.*

Answers: 1. citizen 2. class 3. self 4. case 5. class

8. Ask trainees to volunteer the answer to each item. Provide opportunities for brief discussion.

9. Give a brief overview of the advocacy movement. Convey the following information:

   Advocacy for physically and mentally disabled people is a relatively new phenomenon in this country. For many years, attitudinal and architectural barriers contributed significantly to segregation of disabled people from community involvement in day-to-day living. However, during the 1970s, institutions for mentally retarded people received national attention as a result of reported inadequacies.

   Since then, the basic constitutional rights of disabled Americans have been recognized, largely as a result of advocacy actions, in a series of legislative acts and court decisions. Advocacy efforts have helped create equal political, economic and social opportunities for disabled people.

10. Alert trainees to negative reactions occasionally elicited by the term advocacy. Convey the following information:

Although advocacy efforts have had positive effects, as mentioned at the outset, the term "advocacy" has many connotations. Perhaps through its association with court action, for some people the term seems threatening.

Although re-education is the ideal approach to this problem, it is not always feasible. In some circumstances, as an advocate you should consider whether negative reactions may be evoked by the word and decide whether your goals might best be served by using less threatening terminology.

11. Allow opportunity for brief discussion of the terminology issue.

ORIENTATION TO LEGISLATION (15 MINUTES)

1. Explain the importance of legislation in relation to advocacy. Convey the following information:

To be an effective advocate, become familiar with legislation that provides the impetus to follow through with advocacy efforts. Because of time constraints, we are unable to discuss all of the relevant legislation.

Instead of reviewing many different laws, I will focus on the Rehabilitation Act of 1973 that has been called the civil rights act for disabled citizens.

2. Summarize the Rehabilitation Act of 1973. Convey the following information:

THE REHABILITATION ACT OF 1973 consists of 4 sections; 3 of these are of particular importance in recognizing the rights of disabled people.

Section 502 established the Architectural and Transportation Compliance Board. The Board is authorized to ensure accessibility in public buildings and public transportation.

SECTION 503 requires that any employer who provides $2500 or more in goods or services to anyone and who is under contract to the federal government cannot discriminate in hiring disabled persons. These employers must take affirmative action in employment and advancement of qualified disabled persons. This includes making reasonable accommodations to enable the disabled individual to perform the job for which he or she qualifies.

SECTION 504 is divided into 7 subparts.

SUBPART A--GENERAL PROVISIONS--Establishes the general goals of Section 504--to eliminate discrimination on the basis of handicap in any program or activity receiving federal financial assistance. It also defines terms used in the regulation and describes types of discriminatory actions prohibited.

SUBPART B--EMPLOYMENT--Employers receiving federal monies are required to base hiring decisions on facts relevant to the qualifications of disabled applicants. It establishes guidelines for recruiting practices, reasonable accommodations, employment criteria and preemployment inquiry.

SUBPART C--PROGRAM ACCESSIBILITY--Disabled people cannot be denied participation in or benefits from a program or facility because of inaccessibility. Existing facilities are required to submit a transition plan for any needed structural changes and new facilities must be constructed in an accessible manner.

SUBPART D--PRESCHOOL, ELEMENTARY, AND SECONDARY EDUCATION--A free appropriate public education must be provided for each qualified disabled person in the most integrated setting appropriate to that individual's needs.

SUBPART E--POST-SECONDARY EDUCATION--Prohibits discrimination against qualified disabled students in a range of post-secondary programs and services. Admissions and recruitment, financial aid, housing, athletics, recreation and other related activities must be free from discrimination.

SUBPART F--HEALTH, WELFARE AND SOCIAL SERVICES--Recipients of federal monies may not deny or limit benefits or services offered to qualified handicapped people.

SUBPART G--PROCEDURES--Defines the procedures that apply to Section 504 including compliance reports, methods for conducting investigations and hearings.

CONDUCTING EFFECTIVE ADVOCACY (25 MINUTES)

1. Introduce the presentation. Convey the following information:

   Having discussed the meaning of advocacy and relevant legislation that gives impetus to our efforts, we'll consider methods to promote effective advocacy.

   We'll discuss four areas:
      1) Values clarification
      2) Negotiation and bargaining
      3) Using the media
      4) Linkage with other advocacy resources

2. Discuss the importance of values clarification in promoting advocacy. Convey the following information:

   To become an effective advocate, you need to examine your attitudes about people with disabilities. Your attitudes will affect advocacy-related interaction with disabled people in far-reaching though sometimes subtle ways.

(continued)

Become aware of stereotypes or assumptions you may hold about people with various disabilities and strive to develop open sensitivity to individuals with disabilities. Honest appraisal of your attitudes is a primary step in alleviating stereotypes and dispelling myths. The following activity will help you clarify your attitudes about disabled people.

3. Distribute Handout 1, "Feelings About People Who Are Disabled."
4. Read directions aloud as written:

> READ:
>
> THIS ACTIVITY WILL HELP YOU IDENTIFY YOUR FEELINGS ABOUT PEOPLE WITH DIFFERENT DISABILITIES. THE ITEMS ON HANDOUT 1 ARE THE BEGINNINGS OF SENTENCES WHICH YOU ARE TO COMPLETE.
>
> READ EACH SENTENCE CAREFULLY AND FINISH IT WITH THE FIRST RESPONSE THAT COMES TO MIND. WORK QUICKLY, BEING SURE TO WRITE DOWN YOUR FIRST RESPONSE. ANSWER AS HONESTLY AS YOU CAN. YOU WILL HAVE 5 MINUTES.

5. Alert the trainees when 1 minute remains.
6. Ask trainees to share their reactions to the activity. The following questions may be used to stimulate discussion.
   - What did you learn from this activity?
   - Can you identify any myths or stereotyped attitudes expressed in your answers?
   - How would myths and stereotyped attitudes about disabled people on the part of the advocate affect his or her effectiveness?
7. Discuss the need for negotiation and bargaining skills. Convey the following information:

Negotiation and bargaining skills are vital tools for effective advocacy. The success of many of your advocacy efforts will depend upon the negotiation skills of the individuals involved.

Some of the negotiation and bargaining techniques are basic to good interpersonal skills in general. Other strategies are geared specially to promote satisfactory agreement between parties. Chapter 31 of the RESOURCE GUIDE presents some principles of effective bargaining. Study and use these principles to guide you in your advocacy efforts.

8. Discuss the importance of effective use of the media. Convey the following information:

   Media coverage can be one of the most powerful tools for achieving successful advocacy. The media can bring situations into the public eye-- in some cases, the adverse publicity along motivates change.

   As you approach situations in your role as advocate, consider whether media coverage might facilitate your efforts. Tips for effective use of the media are presented in the handout I will distribute.

9. Distribute a copy of "Using the Media" (page 106) to each trainee.

LINKAGE WITH OTHER ADVOCACY RESOURCES (15 MINUTES)

1. Emphasize the importance of linkage with other advocacy resources. Convey the following information:

   It is essential for you to establish linkage with other advocacy resources at the local, state and national levels. Undoubtedly, at some point you will encounter questions or situations beyond the scope of your knowledge or skills. Consultation with or referral to other advocacy resources is the logical step in such cases.

   Linkage with other advocacy resources also improved service delivery by lessening the likelihood of duplicated efforts. (Next sentence optional--for use with team and others aware of the LCD Program.) *This concept of service linkage is in close keeping with the goals of the LCD Program.*

2. Discuss examples of national advocacy resources. Convey the following information:

   National advocacy resources provide a variety of services including legal aid, consultation, referral, and dissemination of information. Names and addresses of some of these are provided in Chapter 31 of the RESOURCE GUIDE.

3. Describe the state protection and advocacy service. Convey the following information:

   In addition, each state is required to establish a protection and advocacy service for developmentally disabled individuals. The service provides information, consultation and other advocacy-related assistance.

4. Display the address of the trainees' state protection and advocacy service written on newsprint. Display addresses for other states if appropriate for your audience.

5. Ask trainees to name other state and local advocacy-related organizations and services. Write these on newsprint. Add any others you know about to the list.

6. Discuss the method for filing a discrimination complaint. Convey the following information:

   In some cases, a disabled person may choose to file a discrimination complaint with the Office of Civil Rights. This involves the following process:

   Any person who believes he or she has been discriminated against in violation of Section 504 of the Rehabilitation Act of 1973 can file a written complaint with the Office of Civil Rights within 180 days of the violation.

   The letter should contain the complainant's name, address, telephone number, a statement of the person's handicapping condition, and a description of the violation. Send the letter to the State Office of Civil Rights.

IN THIS SITUATION (30 MINUTES)

OPTION I: SECTION 504--A CASE STUDY

1. Divide the trainees into groups of 3-6 people.
2. Distribute newsprint and felt tip markers to each group.
3. Distribute a copy of Activity Sheet 1 (page 315) to each trainee and make available 1 or more copies of the Federal Register containing Section 504.
4. Read directions aloud as written:

> READ:
>
> THIS ACTIVITY PROVIDES AN OPPORTUNITY TO PUT SECTION 504 INTO PRACTICE. FOLLOW ALONG ON ACTIVITY SHEET 1 AS I READ THE DESCRIPTION OF GEORGE BOUDREAU'S SITUATION. (Read aloud the case study description from Activity Sheet 1.)
>
> VARIOUS ASPECTS OF THIS SITUATION VIOLATE SECTION 504. DISCUSS THE CASE STUDY WITHIN YOUR GROUP AND LIST THE VIOLATIONS ON NEWSPRINT. APPOINT A RECORDER WHO LATER WILL PRESENT YOUR LIST TO THE ENTIRE GROUP.
>
> CHAPTER 31 CONTAINS A GLOSSARY OF TERMS TO HELP YOU IN THIS ACTIVITY. YOU MAY ALSO REFER TO A COPY OF SECTION 504 IN THE FEDERAL REGISTER. YOU WILL HAVE 20 MINUTES TO COMPLETE THIS ACTIVITY.

5. Circulate among the groups noting points for later discussion.
6. Alert the groups when 5 minutes remain.
7. Ask each recorder to share the group's responses. Provide opportunities for discussion.
8. Discuss any violations the group may have missed using page 316 as a guide.

OPTION II: PLANNING ADVOCACY STRATEGY

1. Divide trainees into groups of 3-6 people. Designate half the groups as A and half as B.
2. Distribute newsprint and felt tip markers to each group.
3. Distribute a copy of Activity Sheet 2 (page 317 to each trainee in the "A" Group(s) and a copy of Activity Sheet 3 (page 319) to each trainee in the "B" Group(s).
4. Read directions aloud as written:

> READ:
>
> THIS ACTIVITY PROVIDES PRACTICE IN DEVELOPING STRATEGIES FOR EFFECTIVE ADVOCACY. THE SHEET JUST DISTRIBUTED DESCRIBES SPECIFIC DIRECTIONS FOR THE ACTIVITY YOUR GROUP WILL CONDUCT.
>
> THE "A" GROUP(S) WILL ADVOCATE FOR ACCESSIBLE PUBLIC TRANSPORTATION. THE "B" GROUP(S) WILL CONSIDER APPROACHES TO INCREASE AWARENESS OF HANDICAP PARKING. YOU WILL HAVE 20 MINUTES.

5. Circulate among groups making sure each group clearly understands the directions.
6. Alert the groups when 5 minutes remain.
7. Ask a representative from each group to share the group's responses. Provide opportunities for discussion.

THE TEAM ROLE OF ADVOCACY (25 MINUTES)

1. Display and review the list of goal and objectives of the role that have been copied onto newsprint as follows:

   Goal Facilitate effective advocacy involving individuals who are disabled.

   Objectives
   a. Prepare disabled individuals to become self-advocates.
   b. Serve as a resource to disabled individuals pursuing advocacy.
   c. Become advocates for individuals with disabilities.

2. Mention the focus on self-advocacy. Convey the following information:

   Keep in mind the team's primary focus in the role of advocacy is to assist disabled individuals to become self-advocates whenever possible. Team members can facilitate this by adopting an orientation toward "working with" not "doing for" others.

   As you develop advocacy services, focus on teaching people the knowledge and skills to achieve successful self-advocacy. Always explore avenues for individuals to engage in self-advocacy as much as possible, teaching them how to pursue their own rights rather than automatically acting for them.

   For example, if a disabled person wishes to submit a discrimination complaint to the Office of Civil Rights, describe the procedure and let the person write the letter. Offer feedback about the letter if he or she requests. Don't automatically offer to write the letter for the person.

3. On the poster of the LCD Program Model, point to where Advocacy is listed: under LCD Services to Disabled Individuals.

4. Discuss types of activities that fall under the role of Advocacy. Convey the following information:

   The team's activities within the role of Advocacy will vary from relatively simple, straightforward assistance to more complicated team efforts. Examples of activities within the team's role of Advocacy include:

   - *assisting a disabled student to document her community college enrollment for the social security office.*
   - *helping a disabled person determine whether his rights were violated under Section 504.*
   - *explaining to a disabled person how to file a complaint with the Office of Civil Rights.*
   - *helping to form a network of disabled citizens who wish to attend city council meetings.*
   - *preparing a pamphlet on self-advocacy techniques and resources geared for disabled citizens in the area.*
   - *Organizing a local support group comprised of citizens with a variety of disabilities.*

5. Divide trainees in groups of 6-10 people.

6. Read directions aloud as written:

READ:

THE ACTIVITIES JUST MENTIONED ARE BUT A FEW EXAMPLES OF EFFORTS WITHIN THE TEAM'S ROLE OF ADVOCACY. YOUR ACTIVITIES AS ADVOCATES WILL DEPEND UPON THE NEEDS IN YOUR COMMUNITY.

USE THE NEXT 10 MINUTES TO LIST AREAS THAT YOU FEEL NEED ADVOCACY EFFORTS IN YOUR COMMUNITY AND HOW THE TEAM MIGHT GET INVOLVED. FOR EXAMPLE, IF LOCAL TRANSPORTATION IS A PROBLEM FOR DISABLED CITIZENS, THE DISABLED MEMBER OF THE TEAM MAY SEEK TO JOIN THE COMMUNITY'S TRANSPORTATION ADVISORY COMMITTEE.

LIST ON NEWSPRINT THE AREAS OF NEED IN YOUR COMMUNITY AND METHODS FOR TEAM INVOLVEMENT. THEN PRIORITIZE THE PROBLEM AREAS.

7. Give each group sheets of newsprint and a felt tip marker.
8. Alert the trainees when 5 minutes remain.
9. Provide opportunity for discussion of the list(s). Collect the list(s) and save for later use in planning sessions.
10. End the session by distributing "Trainee Evaluations" forms (page 321) and asking trainees to complete their evaluations of the module. Collect the trainees' evaluations.

ADDITIONAL RESOURCES

Advocacy systems for persons with developmental disabilities. L.D. Baucom and G. Bensberg (Ed.), Lubbock, Texas: Research and Training Center in Mental Retardation, 1977.

Bowe, F., Jacobi, J., and Wiseman, L. Coalition building. Washington, D.C.: American Coalition of Citizens with Disabilities, 1979.

Bowe, F. Handicapping America. Washington, D.C.: American Coalition of Citizens with Disabilities, 1979.

Bowe, F. and Williams, J., Planning effective advocacy programs. Washington, D.C.: American Coalition of Citizens with Disabilities, 1979.

Citizen advocacy resources. Lubbock, Texas: Research and Training Center in Mental Retardation, 1979.

Des Jardins, C. How to organize an effective parent/advocacy group and move bureaucracies. Chicago, IL: Coordinating Council for Handicapping Children, 1980.

Varela, R.A. and Bowe, F.G. Participating citizens. Washington, D.C.: The American Coalition of Citizens with Disabilities, Inc., 1980.

Varela, R.A. and Bowe, F.G. Self-help groups in rehabilitation. Washington, D.C.: The American Coalition of Citizens with Disabilities, Inc., 1979.

Way to go. Baltimore, MD: University Park Press, 1979.

Your citizen advocacy program. Ontario, Canada: National Institute on Mental Retardation, 1979.

A CASE STUDY: GEORGE BOUDREAU[1]

Marion Sanford, president of Rah-Rah University, institutes a voluntary affirmative action program to increase the number of disabled students. She instructs the university admissions office to recruit no more than 100 handicapped students.

To achieve this goal, a question is added to the admissions application that states, "Indicate your physical or mental impairments if any." The admissions standards are also changed. Disabled applicants must have a high school diploma and at least a B- average whereas non-disabled applicants must have a high school diploma and at least a B+ average.

George Boudreau, a blind student, is one of the 100 students recruited. He meets with Judy Leonard, Special Needs Coordinator, to discuss his needs and housing arrangements. She says the university will provide readers and additional services as necessary. Also, Judy tells George that three of the University's fifteen dorms are available to disabled students and he will be assigned to one of them. George protests saying he prefers the freshman dorm near the lake, but he finally consents to the room assignment.

George is now a senior. He encounters difficulty fulfilling a requirement for his degree. Due to his blindness, he cannot participate in the required art appreciation course as presently structured. The chairperson of the art department refuses to adapt the course, commenting, "This university is too large for us to adapt courses for each student's whims. It's up to the Faculty Senate to approve such changes."

As an elementary education major, George is required to student teach. However, none of the ten public schools participating in the student teacher program at Rah-Rah will permit George to student teach. They claim they do not have the funds to hire a teacher aide to assist him. Judy Leonard tells George there is no money in the budget to cover such costs, but she will try to find a volunteer to assist him. Judy adds, "Other blind students have student taught at Portney School for the Blind. I called Portney and confirmed this as an option. I really feel it's the best arrangement for everyone involved." George insists he intends to teach in the public schools.

---

[1] Adapted from Section 504 Training Materials prepared by Contract Research Corportation Education and Human Development, Belmont, MA.

CASE STUDY SUMMARY

(FOR TRAINER)

The University violates Section 504 in these areas:

- Limited admissions--The University's policy of recruiting 100 disabled students is in violation. The recipient may not limit the number or proportion of disabled persons who may be admitted.

- Admission requirements--Criteria for admission of disabled applicants should not differ from those for non-disabled applicants. The university's policy results in reverse discrimination.

- Housing--Only three of fifteen dorms are accessible. A recipient must provide housing to handicapped students that is comparable, convenient, and of sufficient variety and quality as that offered to non-handicapped students. It is illegal to segregate handicapped students.

- Academic adjustments--The recipient must make adjustments to its programs to enable handicapped students to participate. The art appreciation course should be modified or other arrangements made to enable George to complete degree requirements.

  The arrangement for student teaching also is discriminatory because George cannot participate except in a segregated environment at Portney School.

The University is not in violation:

- Pre-admission inquiry--No pre-admission inquiry into handicap is permitted unless it is in conjunction with required remedial action to correct past discrimination or voluntary action to overcome limited participation of disabled people. This pre-admission inquiry appears to be in conjunction with voluntary action to overcome limited participation. Therefore, it does not violate Section 504.

For Group A

ADVOCATING ACCESSIBLE TRANSPORTATION

1. One member of the group should read aloud the description of the following situation:

   > *A community of 30,000 people does not have accessible public transportation. The community's Transportation Board has stated there is insufficient need to justify the expense.*
   >
   > *The Citizen Advocacy Council, comprised of consumers and advocates, representing a variety of disabilities, has determined that accessible transportation is a major need for disabled citizens in the community. The advocacy council has scheduled a meeting with the Transportation Board. In advance of the meeting, the council plans a strategy for negotiating with the Transportation Board.*

   As a group, you will begin to plan a strategy that could be used to negotiate and bargain with the Transportation Board. Refer to pages 188-192 of Chapter 9 in Readings for guidance as you follow steps 2-4.

2. Establish the goal your group wishes to accomplish during this meeting. Write it on newsprint. Remember, a goal is a broad, general statement of what you wish to achieve.

3. List on newsprint one objective your group will pursue. Objectives specify what will be done to achieve the goal.

4. As a group, establish and list on newsprint the following positions for that objective (see pages 190-191):

   a) Primary--the position representing the most desirable outcome.

   b) Secondary--the second choice of possible solutions.

   c) Fall Back--the position which is slightly more acceptable than the bottom line.

   d) Bottom Line--the least desirable solution that will be considered.

For Group B

AWARENESS OF HANDICAP PARKING

Parking designated for the use of handicapped persons is common in most communities. Yet many disabled people find that some able-bodied individuals disregard the special parking signs.

PART I

For 3 minutes, brainstorm ways your group could increase the public's awareness of the need to respect these special parking areas. List your group's responses on newsprint. Then prioritize the list and select 3 activities the group feels would be most effective.

PART II

Discuss ways disabled people can effectively handle situations involving misuse of handicap parking spaces. Consider several different situations:

- A disabled person discovers a car inappropriately parked in a handicap parking space but the driver is not present.
- A disabled person encounters an able-bodied person using a handicap parking space.

List your suggestions on newsprint to share with the entire group.

Date________________

TRAINEE EVALUATION
MODULE TEN

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:	not at all	somewhat	adequately	well	very well
A. define advocacy and identify four types of advocacy?	1	2	3	4	5
B. demonstrate an understanding of certain legislation that specifies legal rights of people with disabilities?	1	2	3	4	5
C. describe approaches to conducting effective advocacy?	1	2	3	4	5
D. locate advocacy resources at the local, state and national levels?	1	2	3	4	5
E. identify the specific role of the LCD Team in providing advocacy services?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List the titles* of any activities or presentations you feel were particularly useful and explain why: ____________________

4. List the titles* of any activities or presentations you feel did not contribute to your learning and explain why: ____________________

5. How could this module be improved? Please be specific.____________________

*refer to module Goal and Objectives sheet for specific titles of activities.

CHAPTER 19

TRAINING MODULE ELEVEN

PROGRAM PLANNING

GOAL Formulate a plan for implementing the LCD Program in your community.

OBJECTIVES Trainees should be able to:

1. Identify priority goals for the LCD Program in their community.
2. Select the priority goal(s) on which they, as individuals, will focus.
3. Establish a workable timeline for achieving the priority goals.

Topic	Activity	Time*
Introduction to the Planning Process	Presentation by Trainer	
Priority Roles and Activities	Presentation by Trainer	
Priorities for this Community	Large Group Activity	
Establishing a Time Frame	Large Group Activity	
Team Member Responsibilities	Large and Small Group Activities	
Developing a Time Line	Presentation by Trainer	

*Time allotments are omitted because amount of time required will depend upon the group.

MATERIALS AND RESOURCES NEEDED

1. Sheets of newsprint, felt tip markers and masking tape.
2. The following materials:
   - The first page of MODULE ELEVEN (page 323); 1 copy for each trainee
   - Handout 1, "Time Line" (page 333); 1 copy for each trainee.
   - Handout 2, "Sample Time Line" (page 335); 1 copy for each trainee.
   - Trainee's Evaluation of MODULE ELEVEN (page 337); 1 copy for each trainee. And Pre Post Training Questionnaire for each trainee.
3. Provide each trainee with a summary of the needs assessment results for use in the activity, "Priorities for This Community" (page 327 If a needs assessment was not conducted, gather pertinent data and information about community needs from other sources. For example, use relevant results of needs assessments conducted by other groups.
4. Notes from previous discussions relevant to program planning. Example: Notes from the discussion during MODULE EIGHT about development of the Resource Collection.
5. Bring enough calendars for each group to have access to one during activities that relate to program planning.

PREPLANNING ACTIVITIES FOR THE TRAINER

1. Carefully read and study the entire module. Make sure that you understand how to conduct the activities and that you are able to paraphrase the italicized information.
2. Read Chapter 3 making sure you under the seven roles of the LCD Team.
3. Read Options I and II on pages 326 and 327. Decide which option is most appropriate for presentation to the group. If your community has not yet decided whether the full LCD Program will be undertaken, this issue must be discussed with appropriate personnel before or during MODULE ELEVEN.
4. Review the results of the needs assessment and/or other relevant information about community needs. Consider the implications of this information in setting priorities for LCD activities.
5. Carefully study the "Time Line" (page 333), the "Sample Time Line" (page 335 and the instructions for development on page
6. Make sure you understand the step-by-step planning process described in this module.

CONSIDERATIONS

1. Because this module constitutes a team planning session, the LCD Coordinator should be the trainer for MODULE ELEVEN.

2. You may wish to invite the administrator directly responsible for the LCD Program to the session(s) when this module is conducted. That person's input is very valuable in program planning.

3. Make sure that the trainees understand the nature of this module differs from the others. In contrast with the other content-oriented modules, MODULE ELEVEN prescribes a step-by-step process for planning the first stages of program development. The process may seem unusual to individuals unaccustomed to group planning.

4. If you prefer an approach to program planning other than the time line format recommended in the module, you may incorporate that system in place of the bar graph time line. Be sure to explain the procedure sufficiently.

5. The time required to complete this module will vary according to the scope of activities being planned and the group dynamics involved in reaching consensus. For this reason, the time allotments for each activity have been omitted.

6. This module can be conducted in two or more sessions, which may be appropriate if program planning becomes a very lengthy process.

7. Information from the copies of Activity Sheet 1 that you collect should be used to develop a time line for later distribution to the trainees.

DIRECTIONS

INTRODUCTION TO THE PLANNING PROCESS

1. Distribute a copy of the first page of this module to each trainee and explain the goal and objectives of the training module.

2. Describe how this module differs from others. Convey the following information:

   As indicated by the goal and objectives, this module differs considerably from others we've covered. Rather than teaching knowledge and skills, this module takes us through a step-by-step process for planning how we will implement the LCD Program in this community.

   During this process we will work together as a group to establish priorities, designate responsibilities and formulate a time line. Time allotments for activities were omitted because they depend upon the scope of our planning and dynamics of our group decision-making.

3. Provide an overview of the planning process. Convey the following information:

   The planning process involves these five steps:

   1. Review recommended strategies for implementing the team roles.

   2. Decide what parts of the program are priorities in our community.

   3. Establish a time frame for accomplishing these priorities.

4. *Pinpoint activities necessary to achieve these priorities and decide who'll be responsible for them.*
5. *Use this information to establish a time line.*

PRIORITY ROLES AND ACTIVITIES

1. Explain the need for priorities. Convey the following information:

   The LCD Program is a comprehensive, multi-faceted program involving seven specific roles as well as the ongoing considerations associated with developing and maintaining any program. As you might imagine, all seven roles cannot be implemented with equal emphasis at one time.

   Instead, the team must determine priorities based on community needs and available resources. This module provides an opportunity for us to work together to establish priority goals and formulate a strategy to achieve them.

2. Present recommended strategy for implementation. Convey the following information:

   OPTION I:

   The following strategy is recommended for communities planning to implement the full LCD Program. (Write the underlined words for each step on newsprint or a blackboard as you introduce it.)

   First, focus on implementing the roles of Training, Instruction and Resource Collection. This is helpful because:

   1. *These roles can be initiated by the team--they do not depend upon individuals coming to the program for help;*
   2. *The roles of Training and Instruction give the program visibility which promotes community participation in the LCD Program;*
   3. *The Resource Collection provides essential resources and information required by the team to conduct program activities.*

   Second, assess community needs and available resources including information from the needs assessment and other relevant data available to the team.

   Third, based on needs and resources, determine which of the remaining roles (Career Assessment, LCD Planning, Information Service, Advocacy) will be given priority status. Implement the chosen role(s).

   Fourth, gradually expand the focus and add activities until all seven roles are implemented.

OPTION II:

(Write the points that are underlined on newsprint or a blackboard.)

For communities planning to implement a limited version of the LCD Program, the task is to determine the role(s) to be implemented. Needs assessment data or other information about community needs and resources are useful in this planning phase.

As a general rule, the Resource Collection is essential even if only one other role is implemented in the community. The collection will contain essential resources and information required by the team to conduct program activities.

3. Mention other aspects of program planning that require attention. Convey the following information:

   In addition to the roles, the team must attend to other program development and maintenance activities including (Write the underlined words for each point on the sheet of newsprint or blackboard.):

   - *Community Awareness The community and target groups need to know about the program and the specific services and activities offered.*
   - *Administrative Support The program staff needs to build and maintain the support of key administrators and decision-makers.*
   - *Funding This is an ongoing concern that involves exploring future funding and meeting requirements of the current funding source.*

   Although primary responsibility for these areas is the coordinator's, other team members can contribute.

PRIORITIES FOR THIS COMMUNITY

1. Keep the list of implementation strategies visible to trainees.
2. Distribute a summary of the local needs assessment results, (if any) to each trainee. (Option--Distribute other relevant data about community needs.)
3. Introduce the activity. Convey the following information:

   Now that we've discussed the general strategy for implementing the program, priorities must be established for this community. Using the list of steps, results of the local needs assessment, (if any) and knowledge of community needs and available resources, we will work together to establish priorities.

4. Read directions aloud as written:

> READ:
>
> IN THIS ACTIVITY, WE WILL DISCUSS AND REACH CONSENSUS ABOUT WHAT SHOULD BE THE FOCUS OF OUR EFFORTS AS WE BEGIN TO IMPLEMENT THE LCD PROGRAM IN THIS COMMUNITY. FIRST WE NEED TO SELECT THE TIME PERIOD TO BE COVERED BY THIS INITIAL PLANNING. SECOND, WE NEED TO SELECT PRIORITIES WE PLAN TO ACCOMPLISH DURING THIS PERIOD. THE POSTED GUIDELINES AND OTHER RELEVANT INFORMATION CAN BE USED IN MAKING THESE DECISIONS.

5. Lead the group discussion of priorities being careful to keep trainees on task and to encourage participation of all members.

6. When consensus is reached, write the agreed upon priorities on a sheet of newsprint.

ESTABLISHING A TIME FRAME

1. Read directions aloud as written:

> READ:
>
> THE NEXT STEP IS TO DETERMINE A GENERAL TIME FRAME FOR ACHIEVING EACH OF THE PRIORITIES WE'VE LISTED. WE NEED TO ASSIGN TARGET DATES FOR IMPLEMENTATION OF THESE PRIORITY ACTIVITIES.

2. Lead the group discussion, listing target dates on the sheet of newsprint when consensus is reached.

TEAM MEMBER RESPONSIBILITIES

1. Explain the rationale for establishing team member responsibilities. Convey the following information:

   As mentioned in earlier team training sessions, each team member will focus his or her efforts on certain areas of the LCD Program depending on interests and expertise. This arrangement improves efficiency and facilitates active participation of all team members.

   From the list of priorities, select the areas on which you'd like to focus your efforts. Note that responsibilities may change as the program develops. This will be addressed in later planning sessions.

2. Read directions aloud as written:

READ:

AS A GROUP, WE WILL DISCUSS AND REACH CONSENSUS ABOUT EACH TEAM MEMBER'S GENERAL AREAS OF RESPONSIBILITY IN RELATION TO THE LIST OF PROGRAM PRIORITIES.

DEPENDING UPON INTERESTS, EXPERTISE AND AVAILABLE TIME, SOME TEAM MEMBERS MAY BE RESPONSIBLE FOR MORE THAN ONE AREA.

3. When consensus is reached, write down on the sheet of newsprint names of team members responsible for each priority area.

4. Introduce the next step. Convey the following information:

   During the next activity, we will plan the specific tasks that must be accomplished in each of the priority areas. This is the next step in formulating a time line for the first period of the LCD Program.

5. Read directions aloud as written:

READ:

IN THIS ACTIVITY WE WILL CONSIDER THE ACTIVITIES REQUIRED TO ACHIEVE THE PRIORITIES WE'VE ESTABLISHED. EACH OF YOU SHOULD WORK ON ONE OF THE AREAS FOR WHICH YOU ARE RESPONSIBLE.

USE THE ACTIVITY SHEET I WILL DISTRIBUTE TO LIST THE SPECIFIC, STEP-BY-STEP ACTIVITIES REQUIRED TO ACCOMPLISH THE PRIORITY ON WHICH YOU ARE WORKING.

6. Distribute Activity Sheet 1 to each trainee and ask trainees to form groups to work on each priority. Individuals involved with more than one priority area will need to choose one area to work on now or split their time between two groups. Some individuals may have to work alone. Note to trainer: If you are the LCD Coordinator, join the appropriate group(s) to participate in this activity.

7. Provide each group with a calendar.

8. Check the groups' progress to determine when they've had sufficient time to complete the activity.

9. Ask each group to report the action steps and completion dates for their priority area. Allow opportunity for discussion and modifications.

DEVELOPING A TIME LINE

1. Introduce the bar graph type of time line. Convey the following information:

Time lines can be developed in several ways. The type we'll discuss is a bar graph form of time line. Although it is not necessarily the easiest to develop, this format has the advantage of depicting activities that occur simultaneously. This more clearly illustrates the overall scope of program planning.

2. Distribute a copy of Handouts 1 and 2 to each trainee.
3. Describe the procedure for plotting the bar graph time line. Convey the following information:

   Handout 1 is a blank form that can be used to develop a bar graph time line. The columns can be labeled as weeks or months depending upon the time period required.

   Handout 2 is a sample of a similar type of bar graph time line.

   Information from the planning sheets you completed for each priority goal can easily be transferred onto the form to generate a bar graph time line. The time line will be prepared and distributed to each of you later.
4. Collect the copies of Activity Sheet 1 "Action Steps to Achieve A Goal" from each group for use in preparing the time line.
5. As a group, plan a time and place for the team's next meeting.
6. To each trainee, distribute a copy of the trainee evaluation of the module (page 337) and a blank copy of the Pre and Post Training Questionnaire (make copies from page 131-137).
7. Ask trainees first to complete the module evaluation then the Post Training Questionnaire. Ask trainees to use the same identification number they used on the Pre Training Questionnaire.
8. If you took the Pre Training Questionnaire, complete the Post Training Questionnaire. Collect trainees' module evaluations and Post Training Questionnaires.

ADDITIONAL RESOURCES

Ferrini, P., Matthews, B.L., Foster, J., and Workman, J. The interdependent community: Collaborative planning for handicapped youth, leader's handbook. Cambridge, MA: Technical Education Research Centers, 1980.

MODULE ELEVEN
Activity Sheet 1

ACTION STEPS TO ACHIEVE A GOAL[1]

GOAL: ____________________
____

	What is going to be done? (action steps)	Why is it going to be done?	Who will do it?	What resources are needed?	When will it be started & completed?	What criteria will indicate it has been done?
Action 1						
Action 2						
Action 3						
Action 4						

---

[1] Adapted from Ann R. Bauman, Women in Treatment: Trainee's Manual. Rosslyn, VA: NDAC, 1976.

MODULE ELEVEN
Handout 1

TIME LINE

Activities	Months/Weeks												Responsibility

MODULE ELEVEN
Handout 2

SAMPLE TIME LINE

Activities	December	January	February	March	April	May	June	July	Responsibility
Appoint LCD Coordinator	■								Community College Administrator
Review needs assessment questionnaires	■								LCD Coordinator
Meet with community agencies	■	■							LCD Coordinator
Meet with prospective team members	■	■							LCD Coordinator
Identify prospective interviewees for needs assessment	■	■							LCD Coordinator
Select LCD advisory committee	■	■							LCD Coordinator
Select LCD team	■	■							LCD Coordinator
Conduct and analyze results of needs assessment		■	■						LCD Coordinator & Others
Review Handbook and Resource Guide				■					LCD Coordinator & Team
Conduct LCD team training				■	■				LCD Coordinator & Team
Conduct Part 3 of needs assessment with advisory committee				■					LCD Coordinator
Advertise and organize LCD program			■	■	■	■	■	■	LCD Coordinator & Team
Implement LCD program						■	■	■	LCD Team
Begin to conduct and evaluate roles of the LCD Program						■	■	■	LCD Team

Date________________

TRAINEE EVALUATION

MODULE ELEVEN

Circle the number that corresponds to your rating for the following items:

1. How well do you feel this module prepared you to:

	not at all	somewhat	adequately	well	very well
A. identify priority goals for the LCD Program in their community?	1	2	3	4	5
B. select the priority goal(s) on which they, as individuals, will focus?	1	2	3	4	5
C. establish a workable timeline for achieving the priority goals?	1	2	3	4	5

	unprepared		adequately prepared		well prepared
2. How well prepared was the trainer?	1	2	3	4	5

3. List the titles* of any activities or presentations you feel were particularly useful and explain why: ____________________

4. List the titles* of any activities or presentations you feel did not contribute to your learning and explain why: ____________________

5. How could this module be improved? Please be specific.____________________

* refer to module Goal and Objectives sheet for specific titles of activities.

PART IV
PROGRAM EVALUATION

THE FINAL PORTION OF THIS HANDBOOK, BEFORE THE APPENDICES, IS A CHAPTER ON "EVALUATING THE LCD PROGRAM" AND AN EPILOGUE WHICH PRESENTS TWO ACTUAL PARTICIPANTS WHO WENT THROUGH THE LCD PROGRAM AT BRAINERD AND IOWA CENTRAL COMMUNITY COLLEGES. CHAPTER 20 PROVIDES GUIDELINES AND METHODS FOR THE AGENCY TO USE IN DISCERNING ITS IMPACT ON PERSONS WITH DISABILITIES. THIS IS IMPORTANT TO KNOW TO JUSTIFY ITS OPERATION AS WELL AS TO MAKE NEEDED CHANGES. WE BELIEVE THE CHAPTER IS WRITTEN AS NON-TECHNICALLY AS POSSIBLE.

THE EPILOGUE IS INTENDED TO ILLUSTRATE THAT THE LCD MODEL WORKS. THE BEST WAY WE FELT THIS COULD BE DEPICTED FOR THE LIMITED TIMELINE WE HAD WAS TO PRESENT REAL PEOPLE SITUATIONS.

CHAPTER 20

EVALUATING THE LCD PROGRAM

The LCD Program should receive periodic evaluations of activities and its impact on persons being served. Evaluation is essential to determine whether relevant and quality services are rendered to individuals for whom the program is intended. Results of program evaluation also justify the funds for personnel required to deliver this service to the community and its disabled citizens. State departments of education and certain accrediting bodies are examples of agencies that often request or require such information.

Comprehensive program evaluation of this nature is not an easy task and, consequently, should not be taken lightly. The LCD Coordinator or designate should assume the role of evaluation supervisor (referred to as evaluator). This person should be selected early so he or she becomes thoroughly familiar with the evaluation model, instruments, analysis and reporting procedures before program activities get underway. The evaluator should work closely with individuals responsible for preparing monthly reports and evaluation forms so they are accurate and complete. The evaluator's major responsibilities include:

- coordinating the evaluation activities
- reproducing and distributing the instruments
- analyzing the data
- writing the evaluation reports
- disseminating the results

The LCD Coordinator may choose to involve the community college research officer or an outside consultant for data analysis, reporting and recommendations.

This chapter presents a method for evaluation of the LCD Program's major components by the evaluation supervisor, advisory committee, team members, and other interested parties. Two types of evaluation data are recommended so the entire scope and sequence of the LCD Program can be examined. This facilitates decision-making about program effectiveness and needed changes.

TYPES OF EVALUATION

Chapter Five delineated the first type of evaluation of importance--needs assessment--which is necessary to determine if and how an LCD Program should be designed. Once the program is implemented, however, two other types of evaluation become necessary:

- *Process evaluation* examines activities and transactions that comprise the implemented LCD Program. It concerns the extent to which orientation and the seven roles are carried out adequately and identifies areas for improvement.
- *Outcome evaluation* measures the actual impact or results of the LCD Program. This includes measures of effectiveness of team training, and disabled participants' competency improvement, goal attainment and satisfaction with services.

For both of these evaluations, pertinent evaluation questions should be determined. Evaluation questions depend on the audience that will receive the information. Possible audiences include:

- Political audience such as faculty groups or funding sources.
- Functional audience such as the LCD staff and other service providers.
- Managerial audience such as community college or agency administrators.

It is important to identify *all* important groups that will receive your evaluation reports so appropriate questions can be answered. The evaluator should determine if questions other than those presented in this chapter should be included in the evaluation design. Procedures for conducting each of the two types of evaluation are presented in the following sections.

IMPLEMENTATION (PROCESS) EVALUATION

This assessment will determine the extent the various components of the model have been appropriately implemented. It should pinpoint any problems so that immediate changes can be incorporated into the program, i.e., further in-service training of team members, greater public relations and interagency cooperation, better record keeping, etc.

EVALUATION QUESTIONS (EQs)

The following evaluation questions pertaining to each of the seven roles should be posed and analyzed to determine the effectiveness of the LCD program:

1. Have the participants (disabled persons) all received competency assessment?
2. Has an LCD Plan been developed for all participants?
3. Have resources been collected and organized for inclusion into the Resource Collection and RESOURCE GUIDE and made available to interested individuals?
4. Have information and recommendations been conveyed to community individuals?
5. Have training services about disability-related concerns been offered to service providers, employers, consumers, parents, and other interested citizens?
6. Have advocacy services been provided to individuals who are disabled and/or their advocates?
7. Have learning opportunities been provided to meet the unmet needs of disabled adults?

INSTRUMENTS

The following instruments are available to record and collect pertinent data so the above questions can be answered:

1. Career Development Record (CDR). This instrument provides a running account of the various services provided the participant and consists of several sections:(See Appendix D).
    - Background Information
    - Career Development Inventory (EQ #1)
    - Career Development Profile and Remarks
    - Life-centered Career Development Plan (EQ #2)
    - Exit Interview
2. LCD Monthly Activities Report (MAR). This is a summary of monthly activities for orientation and each of the seven roles. It provides specific information about the number of persons involved in and served by the LCD Team as well as other relevant data about the nature of these activities. (EQ #1-7) (See Appendix F).

ANALYSIS OF DATA

Inspection of these instruments will provide the information necessary to determine if all data is being recorded as required. Information can be recorded on a summary sheet that you make up in terms of numbers, percentages and descriptive actions. A decision will have to be made if the frequencies and actions reflect the activity that is expected to occur for that period.

EFFECTS OF IMPLEMENTED PROGRAM (OUTCOME EVALUATION)

The second type of evaluation concerns itself with the impact or results of the project meeting its stated objectives. There are two main areas of evaluation: • the effectiveness of the Team Training Program and • the attainment of the career development interests/goals of the participants (disabled persons). This information will permit decisions to be made regarding the continuation, rejection, or modification of the LCD Program. Data relative to cost effectiveness may be another evaluative need but will not be addressed here.

EVALUATION QUESTIONS

The following questions fall into the two categories listed above, i.e., those that pertain to the Team Training (Questions 1-2) and those that pertain to the LCD Program itself (Questions 3-7).

1. Did the team members gain a greater and adequate level of competence relative to career development and the LCD Program as a result of training?
2. How did the team members perceive the effectiveness of the inservice training program?
3. Did those disabled persons who received orientation to the program perceive the session as adequate?
4. Did the competency level of the participants increase after services?
5. Were the services recommended by the Team provided to the participants?
6. Did the participants achieve their stated goals?

7. Were the participants satisfied with the LCD Program of services?

INSTRUMENTS

The following instruments are available to ascertain the answers to the evaluation questions (EQs):

1. Pre and Post Training Questionnaire. This instrument is administered pre/post to ascertain the individual team member's level of knowledge about career development, disabled persons, and the LCD processes and services. (EQ #1) (See Chapter 9, pages 131-137)

2. Trainee Evaluation. This form is administered after each training module and at the end of the entire training program to ascertain its quality and utility for team training. (EQ #2) (See Chapters 9-19)

3. Orientation Evaluation. This form is completed by the participants at the end of the orientation session to ascertain its adequacy. (EQ #3) (See Appendix E)

4. Career Development Record (CDR): Career Development Inventory. This scale is administered twice--during the assessment session and at the time of the exit interview. It focuses on the participant's (or informant's) perception of the extent to which he/she has acquired each of the 22 life-centered competencies. (EQ #4) (See Appendix D)

5. CDR: Exit Interview and LCD Plan. Information contained in these various sections of the CDR will provide the necessary data. (EQ's #5 and 6)

6. CDR: Exit Interview. This information is completed by the participants at the completion of all planned services to ascertain that individual's degree of satisfaction with the LCD Program. (EQ #7)

ANALYSIS OF DATA

Simple techniques such as percentages and bar graphs may be used to organize the data results. The Pre/Post Training Questionnaire and the Career Development Inventory part of the CDR could also be analyzed by using t-tests to determine if there was any differences between the mean scores of the pre/test and post/test scores of the group.

A recapitulation of the entire program evaluation process is presented in Table 3 on the next page.

TABLE 3

LCD PROGRAM EVALUATION PROCESS

Evaluation Category & Questions	Instrument	Target Group	Timeline
IMPLEMENTATION EVALUATION (PROCESS)			
1. Career Assesment being done for all participants?	Career Development Record (C.D.R.) and Monthly Activities Report (MAR)	Disabled persons (DPs)	Initial interviews
2. LCD Plan for all participants	C.D.R. & MAR	DPs	Staffing
3. Resource Collection & Guide available?	MAR	Community agencies/ DPs	After implementation
4. Consultation information and recommendations conveyed?	MAR	Community agencies/ groups	Implementation period
5. Training services provided?	MAR	Community agencies/ groups	Implementation period
6. Advocacy services provided?	MAR	Advocates and DPs	Implementation period
7. Learning opportunities provided participants	MAR	DPs	Implementation period
EFFECTS OF IMPLEMENTED PROGRAM (OUTCOME)			
8. Adequate level of competence by LCD Team?	Pre and Post Training Questionnaire	Team	Before & After Team Training
9. Effectiveness of inservice training program?	Trainee Evaluation form	Team	After Training module
10. Adequate orientation?	Orientation Evaluation form	DPs	End of interview
11. Competency improvement by participants?	Career Development Inventory (CDR)	DPs	Career Assessment Interview & Exit Interview
12. Recommendations carried out?	C.D.R.	Agencies/ DPs	After LCD Staffing
13. Participant goals achieved?	C.D.R.	DPs	After completion of services
14. Satisfaction with services?	Exit Interview form (CDR)	DPs	After services

INTERPRETATION AND DECISION-MAKING ABOUT LCD PROGRAM

The results of data analysis must be organized in a meaningful way for ease of interpretation by all interested audiences. The analysis of all process and outcome data will allow administrators to make appropriate decisions about the total program. Decisions about the course of direction for the program should be based as much as possible on objective data collection. However, the decision to recycle, revise, or proceed cannot be based entirely on evaluation results. Factors such as team member abilities, time availability, resources, funds, and changes in philosophy also influence such decisions.

This chapter has presented a method by which the major components of the LCD Program can be evaluated by the evaluation supervisor, Advisory Committee, team members, and other interested parties. Two types of evaluation data were recommended so that the entire scope and sequence of the LCD Model can be viewed comprehensively and adequately for proper decision-making about program effectiveness and needed changes. Additional evaluation questions, instruments, and data analysis procedures may be required, depending on the nature of the program that is implemented and the type and amount of information required by the community college and its service providers.

EPILOGUE:

TWO CASE STUDIES

Does the LCD approach work? Perhaps one way to demonstrate its value is to present examples of persons who have been assisted toward successful career development at the two community colleges that were involved with us throughout the project.

PARTICIPANT A: Brainerd Community College

Joe entered the LCD program soon after the Needs Assessment Survey conducted in January, 1980. On his first visit, he was accompanied by his father. The father related Joe's background and his desire for vocational counseling.

A school psychologist serving a large elementary school in California determined Joe to be dyslexic. Records from various counselors and psychologists supported this diagnosis. Nevertheless, Joe graduated from a California High School. He was relegated to a Special Education program. After high school, the family moved to a nearby Minnesota city where he received counseling from a Family Services psychologist. He was discouraged from seeking local employment. The psychologist felt he had no accomplished job skills and was too uncoordinated for most employment situations. He advised the parents to enroll him in a sheltered workshop program in a town about 60 miles north of their residence.

Joe spent approximately two and a half years in that program. He lived relatively independently and learned some personal-social skills. The program paid him very little for his work which consisted of assembly types of tasks.

Joe had an older brother enrolled at Brainerd Community College. The LCD Coordinator met with him. It was Joe's expressed desire to further his academic education. The father supported his wish.

The LCD team had not received formal training at this point in the program. After its training in March, 1980, it began evaluating the situation.

Several members discussed the situation and it was agreed to pursue summer employment with the college custodial staff. This was accomplished. He began working on a full time basis. Joe started the DVR evaluation program but gave up after the second day. The sixteen hour day was too demanding at that time.

A college intern, who is handicapped, and the LCD Coordinator supported Joe's hope for higher education. They helped him explore the possibilities at the Vo-Tech as well as the College. They found housing, assisted him in grocery and clothing shopping skills, and set up his first checking account.

A meeting attended by Joe's DVR counselor, DVR evaluator, a Family Services Psychologist, the college intern, and the LCD Coordinator was held in late June, 1980. The DVR representatives and Psychologist agreed that he could not handle a college program. Joe was extremely depressed. He was encouraged to try college if that was his sincere desire, making him aware of the difficulties and potential disappointments. Through the summer he gained more personal-social skills. He enrolled for a part time summer school program and continued to work part time. With the help of a BEOG Grant and his income, he maintained his independence.

Joe is currently a full-time student and expects to graduate after an additional quarter. Building his college credits to a full-time basis has been a long process. He has had several special tutorial programs and has had to repeat some subjects. His instructors were advised of his dyslexic problems. Through training, he has conquered some of his bad habits in spelling and has learned many other basic organizational skills that were not developed in high school. He needs more exposure to coordination skills as we discovered after an unsuccessful attempt at drivers' education.

Joe has worked in other capacities at the college; the theater, kitchen, and Learning Center. He has become out-going and confident. This past summer was spent with his brothers in California. He registered independently for fall quarter and found his own housing.

Joe is presently serving on the Student Senate. He recently presented a proposal to the Senate concerning a fund raising event. The proceeds will be used for a Christmas Party for youngsters who are physically handicapped. At this time he is considering further education at Augsburg College in Minneapolis, a small four-year college that has an emphasis on education for individuals who have a handicap.

PARTICIPANT B: Iowa Central Community College

This 22-year-old man, multiply handicapped as a result of an auto accident, contacted Iowa Central Community College by telephone. He saw a poster of the LCD program in an agency office and decided he could use its help. The team leader established an appointment for him to fill out the intake forms. The first step consisted of the team leader explaining the program to the client and his mother. At the conclusion of the intake conference, the young man revealed that his goal was to become a data processing computer programer. An appointment date was established with the Assessment Center of Iowa Central Community College as the first positive step. Three days later, the young man took the following tests: Tests for Everyday Living (TEL), Personal Social Inventory, Self Assessment, Strong and Campbell, and three Valpar work station tests.

A second appointment was made for him and his mother a week later to meet with the Assessment Center personnel to review the Assessment Center testing results. The testing results indicated that he needed assistance in social development. In addition, the conference with the Assessment Center staff revealed that, in their opinion, he lacked drive and motivation in reaching his goals. A referral was made by the Assessment Center staff to have the young man meet with the LCD team for further consultation.

Four days later a second meeting was made with the LCD team leader and another LCD team member. At this meeting the young man revealed that he was an outstanding athlete before an unfortunate accident. As a result he had developed a negative social attitude and displayed a lack of confidence in coping with his own situation. He stated that he tried to go back to high school but could not get along with his peer group so he dropped out. This was his situation--staying at home and being unemployed--until he came to the Iowa Central LCD program for assistance.

That same day the LCD team met as a full staffing team to discuss his case. It was decided by the full LCD team that the young man should have additional evaluations from the services provided by the Iowa Vocational Rehabilitation Center. This additional evaluation information would aid team members in developing a program that could indicate a more reasonable chance for the young man to achieve realistic goals.

The next week the LCD team leader and three LCD team members met with the client and his mother for a third conference. The results of the staffing review and Assessment Center results were discussed. After much discussion the young man realized that he had a social problem and he did suggest that becoming a computer programer was not a realistic goal in view of his capabilities and his handicapped condition. He also stated that he would go to the Vocational Rehab Center for additional evaluations. Up to this time he had refused to go to the Rehabilitation Center because he felt that he did not need it. The local Rehabilitation Center counselor, a member of the LCD team, scheduled him into the Vocational Rehabilitation Center. The Vocational Rehabilitation Center worked with the young man for four weeks.

At the final meeting the young man, his mother, the LCD team leader and two LCD team members, the results of all meetings were discussed. It was recommended, and the young man did agree, that he should seek admittance into a program especially designed for handicapped individuals at another nearby community college. The program was the Career Orientation

> and Opportunity Center Program at Iowa Lakes Community College at Estherville, Iowa. It is a program especially designed to assist persons in the development of social skills through the career orientation program. Through the Career Opportunity Program, skill development activities were available that would train him for an employable job that would fit his abilities.
>
> As a result of the LCD conferences and the training program, the young man today is employed as a trained school bus custodian and mechanic's helper for a local school district.

The LCD approach can work if it is operationalized following the principles outlined in this HANDBOOK. We have the resources to serve the needs of persons with disabilities. What we need to do, is to put these resources together effectively. That is the LCD approach.

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APPENDICES

APPENDIX A

ORIGINAL NEEDS ASSESSMENT INSTRUMENTS

1. Disabled Person (Form A)

2. Disabled Person's Relative (Form B)

3. Agency (Form C)

4. Attitudes Toward Disabled Persons (ATDP) (Form D)

LIFELONG CAREER DEVELOPMENT PROJECT

NEEDS ASSESSMENT QUESTIONNAIRE: DISABLED PERSON (FORM A)

QUESTIONNAIRE

COMPLETE THE FOLLOWING INFORMATION ABOUT THE DISABLED PERSON:

Log # ________
Age ________
Sex ________
Ethnic Group ____________________
Referring Agency ____________________
City/State ____________________
Disability (Primary/Secondary) ____________________________________
____

INSTRUCTIONS TO DISABLED PERSON (READ ALOUD):

The University of Missouri is conducting a survey for our community college to determine how well people with disabilities have learned the skills important for successful living and working. These skills pertain to daily living activities (such as managing money, buying food and clothes, renting or buying a place to live, taking care of a family, driving a car, etc.); to personal-social relationships (such as getting along with others, knowing how to act in various social situations, etc.); and to employment (such as having proper work habits, occupational skills, knowledge of where and how to find jobs, etc.).

I want to ask some questions about your education, training, and employment. Your responses will be compiled by the University of Missouri staff. You, as an individual respondent, will not be identified. We would like you to sign the Release of Information form to use this information. I want you to do an activity with some cards to find out what skills you now have and those that you think you need. It will take about 45 minutes to do these things.

We are interviewing a lot of people to determine if there is a need to provide additional training programs in this community. Your opinions are really needed. This is not a test and there are no right or wrong answers. All right?

READ (ALOUD) THE FOLLOWING:

I need to gather some information from you.

1. *When were you born?* ______________________________________

2. *Who do you live with?*

   parents ______________
   spouse ______________
   by myself ______________
   group home ______________
   other ______________

3. *Have you been in the military service?* _____ *If so, what branch?* __________

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4. *How far did you go in school (grade)?* ______ (If person went to college/university or voc-tech school, please name) ______

5. *What jobs have you held and for how long?* (start with most recent) ______

6. *Are you presently working?* ______ *If so, what are you doing and are you satisfied with your job?* ______

______ *If no, why not?* ______

7. *Have you ever received any services from community agencies after high school to help you learn daily living, personal-social, or occupational skills?* ______ *If so, tell me which ones and what they helped you learn?* (list below) (Reviewing the list of skills with the individual will help in responding to this question and those below.)

Name of Agency	*Services Provided*	*Approx. Dates*

8. *Would you like to receive further training from appropriate community agencies?* ______ *If not, why?* ______

9. *What daily living skills do you feel you need to learn?* ______

What types of assistance do you feel you need to learn these skills? (training, counseling, information, transportation, etc.) ______

What services are available to help you learn these skills? ______

10. *What personal-social skills do you feel you need to learn?* ______

What types of assistance do you feel you need to learn these skills? ____________

____

____

What services are available to help you learn these skills? ____________

____

____

11. *What occupational skills do you feel you need to learn?* ____________

____

____

What types of assistance do you feel you need to learn these skills? ____________

____

____

What services are available to help you learn these skills? ____________

____

____

12. *Do you feel you know enough about jobs that might be available in this community?* ____________ *If not, what types of assistance would you like to have?* ____________

____

____

What services are available to help you learn this information? ____________

____

____

13. *What do you think interferes with attaining your desired career and personal goals?*

____

____

PART II: CARD SORT

READ ALOUD THE FOLLOWING:

Now, I would like to find out how well you think you have learned a number of daily living, personal-social, and occupational skills.

In front of you is a set of cards, with a specific skill written on each card. For each one, we would like you to decide whether you believe that you are able to do it well, only partially well, or not at all. What you need to do is read each card (you may want to read each card to the individual) *and decide the extent to which you have the skill and then place it in one of four categories.*

See these four (4) cards? (Show individual the four (4) cards: ABLE TO DO WELL, ABLE TO DO PARTIALLY, NOT ABLE TO DO, AND DOES NOT APPLY TO ME). *The last card should be used if the statement does not apply to you at the present time. For example, the statement "respond to needs of spouse and children" would not apply if you are not married and have no children.*

Let's do the first five cards together to get the idea.

You will notice that the first two statements are very basic skills and are things that may have been learned when you were young. We have placed these easy statements in the questionnaire because some people are not able to do them.

Too, there are some statements that require very high level skills. So we have both easy and difficult levels of skills for you to sort.

Read the first five statements and help the individual decide which place to put them one at a time. Then say:

Do you get the idea? Are there further questions? If not, begin sorting the cards.

You may record the individual's responses on the answer sheet as the cards are sorted or after they are completely sorted. After all cards are sorted, thank the person and indicate these results will be used to develop new resources for people with disabilities if we find they are needed. Use the following code for recording card sort responses:

① = ABLE TO DO WELL
② = ABLE TO DO PARTIALLY
③ = NOT ABLE TO DO
④ = DOES NOT APPLY TO ME

After the person leaves, complete the following SUPPLEMENTARY DATA.

Cooperation (good, fair, poor) ____________________

Additional comments ____________________

Name of Interviewer ____________________

Interviewer's School or Agency ____________________

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Address ____________________

Date ____________________

LIFELONG CAREER DEVELOPMENT PROJECT

NEEDS ASSESSMENT QUESTIONNAIRE: DISABLED PERSON'S RELATIVE (FORM B)

QUESTIONNAIRE

COMPLETE THE FOLLOWING INFORMATION ABOUT THE DISABLED PERSON'S RELATIVE:

Log # _________ (same as disabled relative)
Ethnic Group ______________________________
Age _________
Address ______________________________
Sex _________
____
Relationship to the Disabled Person ______________________________

INSTRUCTIONS TO THE RELATIVE (READ ALOUD):

The University of Missouri is conducting a survey for our community college to determine how well people with disabilities have learned the skills important for successful living and working. These skills pertain to daily living activities (such as managing money, buying food and clothes, renting or buying a place to live, taking care of a family, driving a car, etc.); to personal-social relationships (such as getting along with others, knowing how to act in various social situations, etc.); and to employment (such as having proper work habits, occupational skills, knowledge of where and how to find jobs, etc.).

I want to ask some questions about your disabled family member's education, training, and employment. Your responses will be compiled by the University of Missouri staff. Neither you nor your relative will be identified. We would like you to sign the Release form to use this information. I want you to do an activity with some cards to find out what skills he/she now has and those that you think he/she needs. It will take about 45 minutes to do these things.

We are interviewing a lot of people to determine if there is a need to provide additional training programs in this community. Your opinions are really needed. This is not a test and there are no right or wrong answers. All right?

READ (ALOUD) THE FOLLOWING:

I need to gather some information from you about your relative.

1. *How often are you in contact with your disabled relative?* _____*daily,* _____ *weekly,* _____*monthly,* _____*other. If other, please specify* ______________________________.

2. *Who does he/she live with?* _____*parents,* _____*spouse,* _____*by him/herself,* _____*group home,* _____*other.*

3. *Does he/she seem satisfied and adjusted to living in this situation?* _________. *If no, what seems to be the problem?* ______________________________.

4. *How far did he/she go in school (grade)?* _____ (If person went to college/university or voc-tech school, please name) ______________________________

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5. *What jobs has he/she held and for how long?* (start with most recent) ______

6. *Is he/she presently working?* ______ *If so, what is he/she doing and is he/she satisfied with the job?* ______

______ *If not, why not?* ______

7. *Has he/she ever received any services from community agencies after high school to help him/her learn daily living, personal-social, or occupational skills?* ______ *If so, tell me which ones and what they helped him/her learn?* (list below) (Reviewing the list of skills with the individual will help in responding to this question and those below.)

Name of Agency	*Services Provided*	*Approx. Dates*

8. *Do you think he/she would like to receive further training from appropriate community agencies?* ______ *If not, why?* ______

9. *What daily living skills do you feel he/she needs to learn?* ______

What types of assistance do you feel he/she needs to learn these skills? (training, counseling, information, transportation, etc.) ______

What services are available to help him/her learn these skills? ______

10. *What personal-social skills do you feel he/she needs to learn?* ______

What types of assistance do you feel he/she needs to learn these skills? ____

What services are available to help him/her learn these skills? ____

11. *What occupational skills do you feel he/she needs to learn?* ____

What types of assistance do you feel he/she needs to learn these skills? ____

What services are available to help him/her learn these skills? ____

12. *Do you feel he/she knows enough about jobs that might be available in this community?* ____ *If not, what types of assistance would you like him or her to have?* ____

What services are available to help him/her learn this information? ____

13. *What do you think interferes with your relative attaining his/her desired career and personal goals?* ____

PART II: CARD SORT

READ ALOUD THE FOLLOWING:

Now, I would like to find out how well you think your relative has learned a number of daily living, personal-social, and occupational skills.

In front of you is a set of cards, with a specific skill written on each card. For each one, we would like you to decide whether you believe that he/she is able to do it well, only partially well, or not at all. What you need to do is read each card (you may want to read each card to the individual) *and decide the extent to which he/she has the skill and then place it in one of four categories.*

See these four (4) cards? (Show individual the four (4) cards: ABLE TO DO WELL, ABLE TO DO PARTIALLY, NOT ABLE TO DO, AND DOES NOT APPLY TO ME). *The last card should be used if the statement does not apply to your relative at the present time. For example, the statement "respond to needs of spouse and children" would not apply if he/she is not married and has no children.*

Let's do the first five cards togehter to get the idea.

You will notice that the first two statements are very basic skills and are things that may have been learned when your relative was young. We have placed these easy statements in the questionnaire because some people are not able to do them.

Too, there are some statements that require very high level skills. So we have both easy and difficult levels of skills for you to sort.

Read the first five statements and help the individual decide which place to put them one at a time. Then say:

Do you get the idea? Are there further questions? If not, begin sorting the cards.

You may record the individual's responses on the answer sheet as the cards are sorted or after they are completely sorted. After all cards are sorted, thank the person and indicate these results will be used to develop new resources for people with disabilities if we find they are needed. Use the following code for recoding card sort responses:

1 = ABLE TO DO WELL

2 = ABLE TO DO PARTIALLY

3 = NOT ABLE TO DO

4 = DOES NOT APPLY TO MY RELATIVE

After the person leaves, complete the following SUPPLEMENTARY DATA.

Cooperation (good, fair, poor) ____________________

Additional comments ____________________

____

____

____

____

Name of Interviewer ____________________

Interviewer's School or Agency ____________________

Address ____________________

Date ____________________

LIFELONG CAREER DEVELOPMENT PROJECT

NEEDS ASSESSMENT QUESTIONNAIRE: AGENCY (FORM C)

PURPOSE OF SURVEY:

This survey has been designed to determine existing services in your community for the disabled relative to daily living, personal-social, and occupational skills and to determine if additional services might be made available to the disabled following appropriate training. Part I of the questionnaire, defining the disabled populations utilized in this study, simply asks which of these seven disability groups your agency serves and which you anticipate your agency might serve after receiving training. Part II assesses the services offered related to skills which have been identified as important for all persons in living and working. Part III requests your input regarding agency needs and training of staff. Part IV requests factual information about your agency.

PART I. DISABILITIES SERVED

INSTRUCTIONS, PART I

Place a (✓) in the space provided if you currently are providing services to this disability group. Make the (✓) on this questionnaire.

Place an (x) in the space provided if you anticipate that your agency will consider serving this disability group if appropriate training, administrative changes or supportive services by other community agencies are provided to you. Make the (x) on this questionnaire.

_____ 1. Blindness and visual impairment: visual acuity not greater than 20/200 in the better eye with correction or normal central visual acuity (20/20) but whose field of vision is limited to 20 degrees or less;

_____ 2. Deafness and hard of hearing: current capacity to hear is 50 or more decibels (dB) loss;

_____ 3. Mental Retardation: general intellectual functioning measured between 40 and 70 on an individual intelligence test (Wechsler or Stanford Binet), accompanied by deficits in adaptive behavior, and occurring in the development years;

_____ 4. Cerebral Palsy: diagnosis by a neurologist and any of the combinations of symptoms of brain damage classified by medical authorities as cerebral palsy and occurring in the developmental period of the person's life;

_____ 5. Epilepsy: diagnosis by a neurologist as an abnormal discharge of electrical energy in the brain resulting in the pattern of symptoms classified by medical authorities as epilepsy;

_____ 6. Orthopedic handicapped: a loss of a limb or a 50 per cent loss of use of a limb as judged by medical/paramedical authorities;

_____ 7. Multiple Handicapped: more than one disabling condition neither of which can easily be identified as primary and the other(s) as secondary.

UMC/LCD Project: Form C

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PART II. CAREER DEVELOPMENT SERVICES PROVIDED

INSTRUCTIONS, PART II

1. Please circle the appropriate letter after the numbered statements listed on this part of the questionnaire. Use the following code:

   a = yes, service is provided
   b = no, but my agency anticipates providing this service when appropriate training is received, administrative changes, or other community agencies provide us with more supportive services.
   c = services not provided and not anticipated.

2. If you wish to make any comments about an item, please write them underneath the item.

If there are no questions, please begin the questionnaire. As you read these statements place the following or similar words in front of each statement:

> "My agency trains or assists the people we see to"...(identify various forms of money etc.)

DAILY LIVING SKILLS

Manage Family Finances

1. Identify various forms of money a b c
2. Count money and make change a b c
3. Make appropriate investments such as insurance, savings, and property a b c
4. Obtain and use bank and credit facilities a b c
5. Keep financial records a b c
6. Spend within a budget a b c
7. Calculate and pay taxes a b c
8. Begin planning for retirement a b c

Select, Manage, and Maintain a Home

9. Select adequate housing for self and/or family a b c
10. Maintain the inside of a home (cleaning, repairs, and decorating) a b c
11. Use basic appliances and tools a b c
12. Maintain the outside of a home a b c

Care for Personal Needs

13. Choose clothing appropriate for season and the occasion a b c

14. Take care of personal hygiene needs a b c

15. Explain the relationship of physical fitness, nutrition, and weight a b c

16. Explain illness prevention and treatment methods a b c

17. Describe physical characteristics for one's age group a b c

18. Describe psychological characteristics for one's age group a b c

Family Living and Raising Children

19. Practice (when desired) effective methods of contraception a b c

20. Respond to needs of spouse and children a b c

21. Explain how to care for a child's physical needs before and after birth a b c

22. Provide a safe environment for child(ren) by observing safety principles a b c

23. Adjust to changing circumstances in the family (divorce, death, illness, child leaving home, aging parents, alcohol and drugs) a b c

Plan, Buy, and Prepare Food

24. Plan balanced meals for both his/her and family needs a b c

25. Purchase food within budget according to planned meals a b c

26. Prepare food using appliances and utensils needed a b c

27. Clean up kitchen after meal preparation a b c

28. Store food based on properties of food (perishible *vs* canned foods) a b c

Buy and Care for Clothing

29. Purchase clothing for self and family a b c

30. Launder washable clothing and send others to dry cleaners a b c

31. Iron and put away clothing a b c

32. Sew on buttons and do simple mending a b c

33. Do simple alterations on one's clothes a b c

Engage in Civic Activities

34. Know basic laws and penalties for breaking the law a b c

35. Know citizenship rights and responsibilities a b c

36. Know how to register and to vote a b c

37. Know what to do when stopped by a policeman (rights and responsibilities) a b c

38. Know environmental/conservation issues a b c

Utilizing Recreation and Leisure

39. Participate in group activities a b c

40. Know activities and resources available a b c

41. Understand value of recreation a b c

42. Use recreational facilities in the community a b c

43. Plan and choose activities according to interests a b c

44. Plan vacations according to one's capabilities and time restrictions a b c

45. Demonstrate good sportsmanship a b c

Getting Around the Community (Mobility)

46. Know traffic rules and safety practices a b c

47. Use various means of public transportation a b c

48. Drive a car, motorcycle or ride a bicycle a b c

PERSONAL-SOCIAL SKILLS

Achieve Self Awareness

49. Know physical strengths and limits a b c

50. Identify his/her interests and abilities a b c

51. Recognize emotions in self and others a b c

52. Identify his/her needs a b c

53. Develop inner control as opposed to external or other control a b c

54. Use his/her strengths to provide for other's needs (spouse, children) a b c

55. Know his/her values a b c

56. Recognize his/her own aging process and eventual death a b c

Acquire Self-Confidence

57. Feel worthwhile when he/she thinks about self a b c

58. Know what others see in him/her a b c

59. Accept praise a b c

60. Accept criticism a b c

61. Believe in self a b c

62. Have a life plan a b c

Achieving Socially Responsible Behavior

63. Know rules and expectations of society a b c

64. Behave in public in manner that does not cause problems for self a b c

65. Demonstrate respect for rights of others a b c

66. Know how to act in each of the various roles he/she plays (child, spouse, worker, etc.) a b c

Maintain Good Interpersonal Relationships

67. Listen and respond to others attentatively a b c

68. Make and maintain friendships with various kinds of people a b c

69. Know sex role behavior a b c

70. Possess a close sharing relationship with one or more persons a b c

Achieving Independence and Interdependence

71. Understand the impact of his/her behavior on others a b c

72. Take charge of his/her own life a b c

73. Accept responsibility for meeting goals a b c

74. Strive to reach his/her potential a b c

75. Respect needs of parents, spouse, children and close friends a b c

76. Consider others needs when meeting his/her own a b c

Achieve Problem-Solving Skills

77. Identify bi-polar concepts such as good-bad a b c

78. Understand the need for goals a b c

79. Consider alternatives a b c

80. Anticipate consequences of one's actions a b c

81. Know where to find good advice a b c

82. Make plans for future events (such as education of self and children, major purchases, etc.) a b c

Communicate Adequately With Others

83. Recognize emergency situations a b c

84. Read at level needed for future goals a b c

85. Write at level needed for future goals a b c

86. Speak, gesture or use other methods of communication so that others communicate with him/her a b c

87. Understand the subleties of communication a b c

88. Know how and where to locate needed information a b c

89. Assist family in learning to communicate feelings and meanings a b c

OCCUPATIONAL SKILLS

Know and Explore Occupational Possibilities

90. Identify personal values met through work a b c

91. Identify societal values met through work a b c

92. Identify aspects of work related to pay (wage and salary) a b c

93. Understand existence of certain occupational classifications a b c

94. Identify occupational opportunities available locally a b c

95. Identify sources of occupational information a b c

Select and Plan Occupational Choices

96. Identify major occupational needs a b c

97. Identify major occupational interests a b c

98. Identify major occupational aptitudes a b c

99. Identify requirements and demands of appropriate and available jobs a b c

100. Make realistic occupational choices at all stages of adult life a b c

101. Utilize past experience to locate occupations meeting current needs a b c

102. Consider relationship of spouse's occupational role in relationship to his/her's a b c

Exhibit Appropriate Work Habits and Behaviors

103. Follow directions a b c

104. Work with others cooperatively a b c

105. Accept supervision/supervise others appropriately a b c

106. Know importance of good attendance and punctuality a b c

107. Use appropriate communications skills at work a b c

108. Meet quality standards for work a b c

109. Follow occupational safety rules and principles a b c

Physical-Manual Skills

110. Possess satisfactory balance and coordination for job chosen a b c

111. Possess satisfactory dexterity for job chosen a b c

112. Possess satisfactory stamina and endurance for job chosen a b c

113. Possess satisfactory sensory discrimination for job chosen a b c

Obtaining a Specific Occupational Skill

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

f. ______________________________

Seek, Secure and Maintain Employment

114. Search for a job using appropriate resources a b c

115. Apply for a job including filling out application a b c

116. Demonstrate good interviewing skills a b c

117. Adjust to competitive standards (make production standards) a b c

118. Seek help when things go wrong a b c

PART III. AGENCY REQUIREMENTS TO ENABLE PROVISION OF SERVICES

1. Please check (✓) the types of assistance your agency and staff need in order to provide further career development services to disabled individuals who are not currently being served.

______ additional funding
______ additional staff
______ additional space
______ modification of current space
______ inservice training and workshops
______ training materials
______ more cooperation from other agencies
______ greater administrative support
______ other (please specify) ______________________

2. Of those items marked above please write the one which is most essential (first priority) and explain.

____

3. Of those items marked above please write the one which is next most essential (second priority) and explain.

____

4. If you think inservice training relevant to career development for disabled individuals would be helpful to your agency staff, what would be the most appropriate and efficient means of providing that training? Please rank the following (1, 2, 3, etc.) with 1 being most appropriate and efficient.

______ workshops
______ provision of informational materials
______ university/college courses
______ short courses
______ other (please specify): ______________________

5. The agenda for inservice training programs can be adapted to fit your staff needs. Please list general areas and/or specific topics in which your staff would like to receive training.

6. Please make any further comments that you feel are pertinent to our study.

PART IV: AGENCY DATA

Name of Agency: ________

Full Address: ________ Telephone ________

Type of Agency: State ____ Federal ____ State/Federal ____
County ____ City ____ Private ____
Other (please specify) ________

Number of professional staff: full-time ____ part-time ____

Major service(s) provided ________

Major population served (adults, children, families, handicapped, non-handicapped, etc.)

Number of persons served per year ________

Average length of contact ________ Average number of contacts ________

Major sources of referral to your agency ________

Respondent's Name ________

Position ________

LIFELONG CAREER DEVELOPMENT PROJECT

NEEDS ASSESSMENT QUESTIONNAIRE: ATDP (FORM D)

INSTRUCTIONS FOR ADMINISTRATION

PURPOSE OF SURVEY:

This questionnaire will be used to ascertain the attitudes of selected employees and community college personnel toward disabled persons. The Attitudes Toward Disabled Persons (ATDP) Scale is a commonly used instrument and will help us determine the extent to which attitudinal aspects should be included in the inservice training program and informational materials.

SURVEY PACKAGE:

- Instructions for Administration
- Question Sheet (Questionnaire)
- Answer Sheet

CONDITIONS FOR ADMINISTRATION:

The questionnaire can be administered to a group of individuals. It is important to explain the nature of the project (see Procedures for Administration) to gain their cooperation. There should be a place for each individual to write down his/her responses on the Answer Sheet.

MATERIALS NEEDED:

- Procedures for Administration
- 1 questionnaire for each individual
- 1 answer sheet for each individual
- 1 #2 pencil for each individual
- space for each individual to write

PROCEDURES FOR ADMINISTRATION:

1. Explain to the group the nature of the project.

   Recent state and federal legislation have drawn attention to the needs of persons with physical, mental, and emotional disabilities to receive better education and employment opportunities. The (name of community college) *Community College and several local agencies are presently working with the University of Missouri to identify what additional services need to be developed in this area to meet these needs.*

2. Then explain the questionnaire.

   One aspect of this project is to obtain the impressions of various groups of people, including the disabled themselves, about persons with disabilities. Such information will help us to formulate an inservice training program

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and informational materials for professional workers about disabled persons and how to better meet their career development needs. We would like you to assist us by completing a short questionnaire of 10-15 minutes duration. All right?

3. Ask if there are any questions before proceeding. Then go ahead and give instructions.

   Please note that there is a two-page "Question Sheet" and a one-page "Answer Sheet". For each of the 30 statements on the "Question Sheet" we would like you to give us your first reaction. It is important that you give us a candid response. We want to know what you really think. Individual questionnaires will not be identified so your responses will be held confidential.

   Your responses will go on the "Answer Sheet". Let's look it over.

4. Read the instructions on the "Answer Sheet". Then ask if there are any questions.

5. Ask them to write their position, business or agency, and city in the top right hand corner of the Answer Sheet before they begin. Tell them their name is not needed.

6. Tell them to go ahead and respond to the statements and thank them for their assistance.

FORM B 12/20/64

ATDP SCALE

READ EACH STATEMENT AND PUT AN "X" IN THE APPROPRIATE COLUMN ON THE ANSWER SHEET. DO NOT MAKE ANY MARKS ON THE QUESTION SHEETS.

PLEASE ANSWER EVERY QUESTION

---

1. Disabled persons are usually friendly.
2. People who are disabled should not have to pay income taxes.
3. Disabled people are no more emotional than other people.
4. Disabled persons can have a normal social life.
5. Most physically disabled persons have a chip on their shoulder.
6. Disabled workers can be as successful as other workers.
7. Very few disabled persons are ashamed of their disabilities.
8. Most people feel uncomfortable when they associate with disabled people.
9. Disabled people show less enthusiasm than non-disabled people.
10. Disabled people do not become upset any more easily than non-disabled people.
11. Disabled people are often less aggressive than normal people.
12. Most disabled persons get married and have children.
13. Most disabled persons do not worry any more than anyone else.
14. Employers should not be allowed to fire disabled employees.
15. Disabled people are not as happy as non-disabled ones.
16. Severely disabled people are harder to get along with than are those with minor disabilities.
17. Most disabled people expect special treatment.
18. Disabled persons should not expect to lead normal lives.
19. Most disabled people tend to get discouraged easily.
20. The worst thing that could happen to a person would be for him to be very severely injured.

ATDP SCALE

21. Disabled children should not have to compete with non-disabled children.

22. Most disabled people do not feel sorry for themselves.

23. Most disabled people prefer to work with other disabled people.

24. Most severely disabled persons are not as ambitious as other people

25. Disabled persons are not as self-confident as physically normal persons.

26. Most disabled persons don't want more affection and praise than other people.

27. It would be best if a disabled person would marry another disabled person.

28. Most disabled people do not need special attention.

29. Disabled persons want sympathy more than other people.

30. Most physically disabled persons have different personalities than normal persons.

Appendix B

Team Training Evaluation Instruments

1. Cognitive Evaluation of Training
2. Pre-Training Self-Evaluation
3. Evaluation of Training Process
4. Evaluation of Workshop Content by Trainees

Pre ☐

Post ☐

Identification Number___________

Lifelong Career Development Program
Cognitive Evaluation of Training

1. The goal of the Lifelong Career Development (LCD) program is:

   a. to increase educational opportunities for handicapped children and youth
   b. to provide career development services to handicapped adults
   c. to locate employment opportunities for handicapped people

2. Career development skills, as defined by the LCD project, include:

   a. vocational and job skills
   b. social skills
   c. caring for daily personal needs
   d. all of the above

3. In the LCD model, the program's direct services to handicapped individuals are depicted by:

   a. horizontal flow of the model
   b. vertical flow of the model
   c. none of the above

4. Which is not a role of the LCD Community Advising Committee?

   a. Orientation and Assessment
   b. Consultation
   c. Community Support
   d. Linkage of Services

5. "Nobody gives me a chance; they think I can't do anything."

   The most obvious feeling expressed by this statement is:

   a. fear
   b. power
   c. defeat
   d. loneliness

6. An appropriate interviewer response to the statement in question 5 is:

   a. "You believe you only need a chance."
   b. "Who is really keeping you down, yourself or them?"
   c. "Being down on yourself will get you nowhere."
   d. "Tell me about your family."

7. The basic role of the interviewer is:

   a. to ask all the questions needed to fill out the forms
   b. to create a climate to get the interviewee to tell about his or her situation
   c. to focus on getting information from the person's relative in order to get the correct information
   d. none of the above

8. Which words are likely to have the most negative effect on the interviewee when they are used as the first words of a question?

   a. How did you...
   b. Can you tell me...
   c. Could you repeat...
   d. Why did you...

9. Which of the following behaviors does not demonstrate attending?

   a. following the interviewee's clues
   b. maintaining eye contact
   c. leaning toward the interviewee
   d. asking questions in prescribed order

10. The question, "Did you work after your injury" is:

    a. a closed-end lead
    b. an open-end lead
    c. there is too little information to determine
    d. neither

11. Participants who go through the LCD orientation should evaluate the process because:

    a. it provides information about how to improve the orientation
    b. it involves the person in the program by valuing their feedback
    c. both a and b

12. To determine whether the orientation and assessment of an individual should be one-to-one, in a small group, or with the assistance of an aide, it is important to find out the type and severity of the person's disability.

    a. true
    b. false

13. Involving the participant in every step of the LCD process can be highly valuable because it helps the individual assume responsibility for himself or herself.

    a. true
    b. false

14. In assessment, an individual with mental retardation should be administered the:

    a. Tests for Everyday Living (TEL)
    b. Social and Prevocational Information Battery (SPIB)

15. When used for LCD assessment, the norms provided in the TEL and SPIB manuals are important when reviewing the individual's test results.

    a. true
    b. false

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16. A release of information must be signed by the participant and sent to the appropriate agency before any agency records may be reviewed or adquired.

    a. true
    b. false

17. Sending a signed release of information to the agency helps cover ethical issues that could arise if a team member has had a participant as a client in that agency setting.

    a. true
    b. false

18. The ultimate decisions regarding the development of the career development plan are the responsibility of the LCD team.

    a. true
    b. false

19. A learning contract between participant and team member is established at the time the plan is developed; after that the participant can add new skill areas to it.

    a. true
    b. false

20. Goal Attainment Scaling is an approach to setting goals and program evaluation. It can be distinguished from other systems because it:

    a. uses behavioral terminology
    b. lists five levels of goals
    c. requires the client to set the goals
    d. focuses on discrepancies between goals set and obtained

21. The first step in developing the resource collection is to:

    a. decide whether the collection will be available on a lending basis
    b. find an accessible location for the collection
    c. select a team member to be resource coordinator
    d. assess current resources at the community college

22. After a deaf person learns lipreading, he or she can understand practically everything said so long as the speaker's lips are clearly visible.

    a. true
    b. false

23. Almost all cases of mental retardation are inherited.

    a. true
    b. false

24. Which of the following would not be considered a part of consulting services?

    a. giving professional advice or services
    b. referring an individual to a specific resource material or person for needed information
    c. reviewing an existing program or situation, then making suggestions for desired changes
    d. initiating contact with an agency and presenting them with changes you or your group feel need to be made to improve services

25. Which of the following would be considered alternatives to consultation?

    a. in-service training
    b. referral to resources and agencies in the community
    c. enrollment in a college course
    d. workshop enrollment
    e. all of the above

26. If the IOOF Lodge were to call an organization asking for information about the handicapped and work abilities for their next weekly meeting, the most appropriate method of presentation would probably be:

    a. two-day workshop
    b. multimedia presentation
    c. lecture
    d. panel discussion with disabled representation
    e. b and d

27. The best way to set up a training project for a target group is to:

    a. design a workshop dealing with what you think that group needs to known about that subject
    b. determine what subject you think needs to be covered, then ask questions from the target group to see what they know about that subject
    c. survey the target population to determine what they know about a specific subject, then design a workshop geared toward the weakness of knowledge demonstrated from the survey

28. Evaluation of a workshop content should not solely be based on:

    a. whether the objectives have been met
    b. presentation techniques
    c. factual knowledge gained by participants

29. Which type of advocacy does not involve the courts or legal action?

    a. case advocacy
    b. systems advocacy
    c. citizen advocacy
    d. class advocacy

30. Which is not a subpart of Section 504 of the Rehabilitation Act of 1973?

    a. affirmative action
    b. employment
    c. post-secondary education
    d. program accessibility

31. The Personal Achievement Skills Training structured group program is appropriate for all of the LCD disability groups.

    a. true
    b. false

32. An LCD team member and participant together can develop individual independent learning experiences in the community.

    a. true
    b. false

33. Current legislature requires that clients:

    a. co-sign program plans
    b. set goals without staff assistance
    c. follow plans decided by the treatment team
    d. none of the above

34. Suppose that an LCD program participant tells you about behavior that is legally a misdemeanor (example: he or she smokes marijuana on weekends). Your most appropriate behavior based on ethics of various helping professions is:

    a. tell the participant that you must inform the law
    b. inform the law officials without telling the participant
    c. use moral persuasion to stop the behavior
    d. respond as you would to any other statement

35. Knowing local editors and reporters and letting them get to know you can help generate interest in your stories and press releases.

    a. true
    b. false

36. Which of the statements below are true?

    1. A press release can be either handwritten or typed.

    2. Editors and reporters like to know how a story or press conference will help them in their newsgathering.

    3. A press release should always include the name of a person in your organization to contact for further information.

    a. 1 and 2
    b. 2 and 3
    c. 1 and 3

37. In developing a public relations campaign for the LCD program, be sure to:

    a. establish approaches that mutually meet the needs of both parties
    b. hire a well-established public relations firm in the community
    c. begin the campaign with a press conference

38. In maintaining administrative support for the LCD program, it is important to:

    a. invite administrators to staffings of program participants
    b. keep key administrators informed about program activities
    c. ask administrators to approve each participant's file
    d. none of the above

39. Program evaluation is essential in pursuing future funding for the LCD program.

    a. true
    b. false

40. Staggering the time that members leave the team is useful because:

    a. there will always be experienced members on the team
    b. there are more opportunities to train new team members
    c. there are more opportunities for going-away parties

Identification Number ____________

Lifelong Career Development Project
Community College Team Training

PRE-TRAINING SELF EVALUATION

Please use the rating scales below to indicate your levels of competence prior to this workshop with regard to each objective:

Objectives	Pre-Training				
Individuals who have been trained will be able to:	Low				High
1. Convey the Career Development philosophy including the definition of career development and identification of domains and competencies.	1	2	3	4	5
2. Identify the general function of the LCD team including roles and responsibilities.	1	2	3	4	5
3. Select members of the Advising Committee and instruct them in their roles.	1	2	3	4	5
4. Clearly explain the purposes, scope and steps of the LCD program to LCD participants.	1	2	3	4	5
5. Recognize and use the communication mode that is most appropriate for each participant.	1	2	3	4	5
6. Use interpersonal skills during interviewing and orientation process.	1	2	3	4	5
7. Recognize and use appropriate orientation options (individual or small groups, combined or separate orientation and assessment).	1	2	3	4	5
8. Collect correct information for demographic data form.	1	2	3	4	5
9. Choose appropriate instrument to assess daily living and vocational-occupational skills.	1	2	3	4	5
10. Administer, score and report TEL and SPIB.	1	2	3	4	5
11. Administer, score and report Personal-Social Instrument.	1	2	3	4	5
12. Use ethical procedures in the assessment process.	1	2	3	4	5

		Low				High
13.	Communicate with other sources in gathering additional data.	1	2	3	4	5
14.	Construct a usable assessment profile.	1	2	3	4	5
15.	Communicate assessment results, including strengths and weaknesses, to other team members and participants.	1	2	3	4	5
16.	Write the ICD Plan as determined by the team and participant.	1	2	3	4	5
17.	Generate referral options to fulfill ICD Plan.	1	2	3	4	5
18.	Involve participant in the development of all aspects of the ICD Plan.	1	2	3	4	5
19.	Oversee the implementation of the ICD Plan.	1	2	3	4	5
20.	Assess current resources at the community college.	1	2	3	4	5
21.	Determine accessible place to house the collection.	1	2	3	4	5
22.	Select resource coordinator.	1	2	3	4	5
23.	Obtain funds for acquisition of materials.	1	2	3	4	5
24.	Organize materials and determine utilization procedures.	1	2	3	4	5
25.	Orient users to resource collection.	1	2	3	4	5
26.	Disseminate resource collection information.	1	2	3	4	5
27.	Continually update Resource Guide relative to state and local resources and career development materials.	1	2	3	4	5
28.	Deliver requested information to groups and individuals in the role of consultant.	1	2	3	4	5
29.	Locate appropriate information and resources for consultation requests.	1	2	3	4	5
30.	Determine, organize and conduct training procedures appropriate to the target group or individual.	1	2	3	4	5

		Low				High
31.	Develop and use needs assessment to determine training content and format options.	1	2	3	4	5
32.	Evaluate the training developed and conducted.	1	2	3	4	5
33.	Recognize avenues for becoming involved with advocacy.	1	2	3	4	5
34.	Implement appropriate form of advocacy as needed.	1	2	3	4	5
35.	Design appropriate instructional experience for participant.	1	2	3	4	5
36.	Assist others in designing specific instructional experience for LCD participant.	1	2	3	4	5
37.	Locate existing instructional options for LCD participant.	1	2	3	4	5
38.	Act as a change agent for those persons directly involved with mainstreaming an LCD participant.	1	2	3	4	5
39.	Establish a plan to retain administrative support.	1	2	3	4	5
40.	Identify local, state and federal funding sources.	1	2	3	4	5
41.	Develop a plan for promoting the LCD program.	1	2	3	4	5
42.	Establish and adhere to a policy of ethical procedures.	1	2	3	4	5
43.	Develop a system whereby alternative arrangements can be made to fulfill LCD staff commitments.	1	2	3	4	5
44.	Specify personnel responsible for maintenance of LCD records.	1	2	3	4	5
45.	Develop a system for monitoring program effectiveness.	1	2	3	4	5
46.	Determine guidelines for team member replacement.	1	2	3	4	5
47.	Develop plan for implementation from present to July 1.	1	2	3	4	5

Lifelong Career Development Project
Community College Team Training

Evaluation of Training Process

Please evaluate the training program by circling the number that corresponds to the following scale. Also comment whenever possible.

1 = excellent
2 = good
3 = average
4 = fair
5 = poor

	excellent				poor
1. Overall organization of training	1	2	3	4	5
2. Thoroughness of training	1	2	3	4	5
3. Pace of training presentation and activities	1	2	3	4	5
4. Preparedness of trainers	1	2	3	4	5
5. Learning atmosphere	1	2	3	4	5
6. Facility used for training sessions	1	2	3	4	5
7. Motel accommodations	1	2	3	4	5
8. Usefulness of trainees manual	1	2	3	4	5

1. Overall organization of training

Comment ______________________________

2. Thoroughness of training

Comment ______________________________

3. Pace of training presentation and activities

Comment ______________________________

4. Preparedness of trainers

Comment ______________________________

5. Learning atmosphere

Comment ______________________________

6. Facility used for training sessions

Comment ______________________________

7. Motel accommodations

Comment ______________________________

8. Usefulness of trainees manual

Comment ______________________________

9. Please provide your recommendations for improvement of training ______________

____

____

Thanks!

Lifelong Career Development Project
Community College Team Training

Evaluation of Workshop Content by Trainees

We would appreciate receiving your feedback regarding training. It will assist us in making improvements. Please evaluate the agenda items in terms of QUALITY and UTILITY: Quality refers to being clear, understandable, held your attention; utility refers to being helpful, useful, appropriate, valuable in terms of learning.

	QUALITY					UTILITY				
UNIT 1	Poor		Average		Excellent	Poor		Average		Excellent
Orientation to the Workshop	1	2	3	4	5	1	2	3	4	5
LCD Model and Program Rationale	1	2	3	4	5	1	2	3	4	5
Questions and Answers Activity about LCD Program	1	2	3	4	5	1	2	3	4	5
Interviewing Skills	1	2	3	4	5	1	2	3	4	5
Orientation of LCD Program Participants	1	2	3	4	5	1	2	3	4	5
UNIT 2										
Learning Stations on Assessment of LCD Program Participants	1	2	3	4	5	1	2	3	4	5
Assessment Profile	1	2	3	4	5	1	2	3	4	5
Team Staffing Simulation	1	2	3	4	5	1	2	3	4	5
UNIT 3										
Discussion of Resource Collection	1	2	3	4	5	1	2	3	4	5
Medical Aspects Activity	1	2	3	4	5	1	2	3	4	5
Consultation and Training Services	1	2	3	4	5	1	2	3	4	5
UNIT 4										
Film and Discussion: "A Day in the Life of Bonnie Consolo"	1	2	3	4	5	1	2	3	4	5
Advocacy and Section 504	1	2	3	4	5	1	2	3	4	5

	QUALITY					UTILITY				
	Poor		Average		Excellent	Poor		Average		Excellent
Instruction Options: The College for Living Program	1	2	3	4	5	1	2	3	4	5
Personal Achievement Skills Training Group and Support Course Report Form	1	2	3	4	5	1	2	3	4	5
UNIT 5										
Program Evaluation	1	2	3	4	5	1	2	3	4	5
Ethics	1	2	3	4	5	1	2	3	4	5
Public Relations	1	2	3	4	5	1	2	3	4	5
Team Planning Sessions	1	2	3	4	5	1	2	3	4	5
Closing Remarks and Workshop Evaluation	1	2	3	4	5	1	2	3	4	5

APPENDIX C

IMPLEMENTATION EVALUATION FORMS

1. LCD Program Evaluation Questionnaire

2. LCD Final Project Evaluation Questionnaire

LCD Program Evaluation Questionniare

The questions below relate to various aspects of the LCD Program. Consider these points during discussion of changes or modifications you feel need to be made.

1 What are the implications of the needs assessment findings to program implementation?

DISCUSSION POINTS:

- The survey of seven disability groups revealed (1) a high need for increased competency in Daily Living Skills (finance, home, family, food, clothing, mobility) and (2) limited agency resources for training in these areas. Given these findings, is a community college the most appropriate place to situate an LCD Program? Why or why not?
- Does the community college setting interfere with participant recruitment?
- How valid were the survey findings? Did other needs seem more important for clients served?
- To what extent did you use needs assessment results to guide program planning?

2 Does the LCD Model need to be revised?

DISCUSSION POINTS:

- With regard to the coordination features of the model, do agencies "like" an outside agency or program to coordinate their activities? Do they resist coordination in obvious or subtle ways?
- Would the LCD Coordinator be happier with a program of his or her own to administer that could be coordinated with other agency programs?
- Is the coordination component of the model really necessary to the LCD Program or can career development services to disabled adults be improved without it?
- The LCD Model is built around seven roles (Orientation and Assessment, ICD Planning, Resource Collection, Consultation, Training, Advocacy, Instruction). Are they all needed?
- Did all members of the team perceive the seven roles as equally important?
- What changes are recommended with regard to the seven roles?
- What do you see as the main focus of the program--direct services to participants or to others?
- How often did the team meet?
- Can everything be done as a team, such as the team meeting for each client?
- Who claims credit for work done--the LCD Program, or the agency whose staff person is delegated to the LCD Team?

- Has it been difficult to determine which activities fall within your own job and which relate to LCD?

3 Can the program operate, at least in its early stages of development, with less than a half-time coordinator?

DISCUSSION POINTS:

- Can a regular staff person do the job on a "release time" or overload basis?
- How much time is needed to coordinate the program?
- Who keeps records about participants in the program and program activities?
- Is secretarial help needed? How much time?
- Does the coordinator provide any services himself or herself--e.g., counseling, teaching, lecturing about disability, public relations?
- Should the LCD Coordinator be trained in, or have experience in, interagency networks, referral linkages and communication?

4 How is an LCD participant identified and made eligible?

DISCUSSION POINTS:

- Are only persons with one of the seven disabilities studied eligible?
- Are certain persons given priority status? If so, on what basis?
- Who should the LCD Team try to serve--and call a participant--and who should be referred to another agency? How is this determined?
- If someone is referred to another agency, is this documented as a service of the program?
- Is the LCD Program only a referral agency or does it provide services of its own?
- Who monitors progress if a participant is not directly served by the program? Who writes progress reports?
- Can other potential consumers, e.g., employers, parents, etc., be called participants?
- Is the step-by-step process for working with participants described in the box, pg. 4, necessary and appropriate in serving disabled adults participating in the program? Is there a better approach?

1) Receive Orientation then decide whether to participate.
2) Assessment on 22 competencies using Career Development Inventory and review results.
3) Team meets without participant present to discuss service and training options.
4) Team member(s) meet with participant to develop ICD Plan.
5) Follow-along to monitor progress.
6) Exit Interview and readministration of Career Development Inventory.

5 Was career development defined in a way helpful to program implementation (i.e., career development includes one's role as worker, learner, consumer, citizen, family member, and social-political being)?

DISCUSSION POINTS:

- Could participants be classified according to the above categories?
- How did other agencies react to this definition of career development in terms of "turf"?
- In many cases the general public and professionals associate the term "career" with occupational concerns--has this interfered with the LCD Program's success?
- Would another term (such as life skills, or life-work planning) more effectively represent the nature of the program? What term do you recommend?

6 How helpful was the advisory committee?

DISCUSSION POINTS:

- How often was it feasible for advisory members to meet?
- Were there problems with time off, travel costs, etc.?
- How were advisory members involved in development and refinement of program operations? Was the advisory committee simply a recipient of information or was it a "working" committee?
- How could attendance and participation be maximized?
- What specific duties should the advisory committee perform?
- Did your committee fulfill these duties?
- Did the LCD Team in effect serve as an advisory committee?

7 What kind of training does the LCD Team need?

- Do you understand the LCD Model including the purposes of each of the seven roles? What role(s) seem unclear?

- Do you feel the training received from LCD staff in Columbia adequately prepared you to conduct the program?
- Should all team members have the training presented in the ten modules?
- Is the self-instructional (a trainer learns to train the team from the Handbook) type of training presented in the modules feasible and sufficient preparation to implement the program?
- Are there other more important areas for training?

8 It appears that few disabled persons were served according to monthly progress reports. Why?

DISCUSSION POINTS:

- What methods of recruitment were used and were they effective?
- If a lot of individuals were served, why don't records reflect activities?
- Did some aspect of the model make it difficult to document program activities and services?
- Did the program have enough staff?
- Were lots of referrals made and services coördinated even though direct services were not provided?
- In retrospect, what, if anything, would you do differently to serve more disabled people?

9 The LCD Program had three broad goals. Can you give specific instances of how much impact the program had in their attainment?

DISCUSSION POINTS:

- Did your program result in improved delivery of services to clients in other agencies?
- Did your program have observable effects in helping clients with regard to the 22 Life Centered Competencies, especially daily living skills?
- Did you help non-disabled people (e.g., community college instructors, employees, or family) to interact better with disabled individuals?

10 What has the LCD Program contributed to your community?

DISCUSSION POINTS:

- Provide an overview of specific contributions and their impact.
- Were these achievements within the specified roles of the LCD Model?
- Were there desired achievements that were not accomplished as hoped?
- Do you consider the LCD Program a success in your community? Why?

11 Would you like the LCD Program to be continued at your facility and implemented in other settings throughout the U.S.?

DISCUSSION POINTS:

- What do you anticipate will be the future of the LCD Program in your community? Is this satisfactory?
- How do you think the LCD concept should be defined and operationalized in regard to resources, time, funding, location, staff, etc.?
- What conditions must be present for the program to succeed, and how likely is it that these conditions can be met in various communities?
- Do you think some communities will want to implement only portions of the LCD Program (such as the role of Advocacy or Training) because resources are not available to implement the entire model? Does the LCD Handbook lend itself to that kind of use?

____
LCD Advisor

____
LCD Coordinator

____
Interviewer

____
Date

UNIVERSITY OF MISSOURI-COLUMBIA

College of Education

Department of Counseling and Personnel Services
LCD PROJECT
Lifelong Career Development Project for the Severely Handicapped
16 Hill Hall ☐
Columbia, Missouri 65211
Telephone (314) 882-6523
223 South Fifth Street ☐
Columbia, Missouri 65211
Telephone (314) 882-2733

October 1981

LCD FINAL PROJECT EVALUTATION QUESTONNAIRE

Team Members and Advisory Committee

This questionnaire is the final field evaluation activity for the LCD Project. It is intended to help us ascertain the relative appropriateness of the LCD model, methods, and materials. Before our final products--LCD HANDBOOK and LCD RESOURCE GUIDE-are put in their final form for submission to the U.S. Office of Special Education, we need the opinions of the LCD Team and Advisory Committee. Please provide us with your serious and objective opinions about the items contained in this questionnaire. Thank you.

IDENTIFYING INFORMATION

1. Your Position ______________________________
2. Agency ______________________________
3. City ______________________________
4. Your Role with Project ______________________________

PART I

Respond to each of the following items by using the following seven point scale.

1	2	3	4	5	6	7
Strongly Disagree			Neutral or No opinion			Strongly Agree

1. Exposure to handicapped persons through the LCD Program significantly improved the attitudes of professional and staff members of the community college toward persons with disabilities.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

2. Exposure to handicapped persons through the LCD Program significantly improved the attitudes of employers toward persons with disabilities.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

3. Enrollment of handicapped persons in your community college has significantly increased as a result of the LCD program.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

4. The LCD Program has been instrumental in increasing the number of services available to handicapped persons in your area.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

5. The LCD Program has significantly increased community awareness of the needs of handicapped persons.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

6. The advisory committee can contribute most effectively by receiving information and progress reports from the LCD Team and passing them on to facilitate linkage.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

7. The LCD concept (conceptual model) is vitally needed for guaranteeing a full range of services to handicapped persons in our community.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

8. The 22 life-centered competencies are an essential basis for operating an LCD Program.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

9. The involvement of public and private agencies, educational agencies, and business and industry are not critical in the successful implementation of the LCD Program

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

10. With regard to supplementing agency resources and for enhancing recruitment of handicapped persons, the community college is the most appropriate setting for an LCD Program.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

11. LCD Planning is a role that has been readily accepted and implemented by Team members and agency personnel.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

12. To be successful, agency administrators will need to assign a staff member to the LCD Team as part of their regular responsibilities.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

13. The coordination (linkage) component of the LCD Model was accepted and utilized by most agencies in your area.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

14. Territorial or "turf" concerns may well interfere with effective implementation of the linkage component.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

15. More time is necessary to adequately rate the effectiveness of the linkage component in our community.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

16. If funds become unavailable for the continuation of the LCD Program as a whole, essential elements of the program will be discontinued.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

17. The LCD Program has not been in operation long enough to demonstrate its effectiveness in facilitating competency attainment by handicapped persons.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

18. The LCD Program is too ideal, impractical, and comprehensive to be implemented with any degree of success.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

PART II

1. Please give your opinion of the importance of each role for effective implementation of an LCD Program, by rating of:
   1 (very important)
   2 (important)
   3 (not as important)

_____ Advocacy

_____ Information Service

_____ Training

_____ Instruction

_____ Assessment

_____ LCD Planning

_____ Resource Collection

2. Read the following list and circle those items that you think facilitated implementation of the LCD Program.

   1. Advisory Committee
   2. LCD Team
   3. LCD Coordinator
   4. Community College Administration
   5. Outside Agency personnel
   6. LCD Planning
   7. Career Development Record (CDR) forms
   8. Monthly Report Forms
   9. Resource Collection
   10. "Linkage" Component
   11. Public Relations efforts
   12. Career Development (the term)
   13. Involvement of Persons with Disabilities
   14. Other______________________________
   15. Other______________________________

Now go back and place an "X" beside any of the items that made implementation more difficult or less manageable. All items need not be marked.

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PART III

Do you have any further comments about The LCD effort that would be helpful to us in completing our model, methods, and materials?

Thank you for your assistance throughout the project.

APPENDIX D

CAREER DEVELOPMENT RECORD

1. Background Information
2. Career Development Inventory (CDI)
3. Directions for Preparing Profile
4. Career Development Profile

LIFE-CENTERED CAREER DEVELOPMENT PROGRAM

CAREER DEVELOPMENT RECORD

Lifelong Career Development Project
FAMILY • SCHOOL • COMMUNITY • OCCUPATION • PERSONAL GROWTH & DEVELOPMENT

Lifelong Career Development Project
University of Missouri-Columbia
Donn E. Brolin, Director
1982

Participant's Name

____

Dates of Service

__________ to ______________

DIRECTIONS FOR CAREER DEVELOPMENT RECORD

The Career Development Record (CDR) is a compilation of forms and instructions for completing Career Assessment and Life-Centered Career Development (LCD) Planning with disabled persons in the Life-Centered Career Development (LCD) Program. Sections of the CDR are described below.

CAREER ASSESSMENT

Background Information (pages 3-4) contains guidelines for information to be gathered through an interview with a disabled person during Career Assessment. Space is provided to record the information.

The Career Development Inventory (pages 5-6) is a self-report instrument concerning the disabled individual's skills and interests relative to the 22 Life-Centered Competencies. Directions for administering the inventory are at the top of page 5.

The Career Development Profile (page 10) is the format for reporting scores from the Career Development Inventory. Directions for preparing the Career Development Profile are on page 7. Profile Remarks (page 9) provides room to record information regarding the Career Development Profile.

LCD PLANNING

The Life-Centered Career Development Plan (pages 11-12) is the format for recording a disabled person's goals and information about planned activities. The last column, entitled "See Written Reprot," should be marked if other reports or data relevant to the goal are included in the person's file. An example of the LCD Plan is presented below.

Number of Related Competency	Goal	Service or Training Activity	Source of Service or Training
9	Learn to drive a car.	Assessment of ability to use hand controls.	Metropolitan Rehabilitation Center

Contact Person	Approximate Time Required	Anticipated Dates		Was Goal Achieved?	Additional Service or Training	See Written Report
		Start	Finish			
Stephanie Simpson	2 days	5-16-81	5-17-81	yes	yes - see next step	✓ Assessment Report

Record Follow-along Notes at the bottom of pages 11-12 using additional sheets if needed. Date and sign each entry.

The Exit Interview (page 8) should be conducted when the person with a disability terminates involvement with the LCD Program. Record responses to questions in the space provided and review the LCD Plan with the person as described in item 10 of the Exit Interview form.

BACKGROUND INFORMATION

Interviewer ____________________ Date ____________

1. Full name ________________________________

2. Address ________________________________

3. Phone number ____________ 4. Birth date ____________ 5. Sex: M___ F___

6. Marital status: __________ 7. # of children ___ 8. SS # __________

9. Disability ________________________________

10. Describe impairments due to the disability and any aids, adaptive devices or medications you may use: ____________________

Do you have an attendant?_____ If yes, what types of assistance does he or she provide? ____________________

11. Is transportation a problem for you? yes ____ no ____

Comment: ________________________________

Education

12. Circle highest level of education: College Graduate

K 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

13. If you have attended or are attending a college, university, technical school, or other training program, please provide information for each:

Dates	School/Program	Course of Study

Employment

14. List employments with most recent first:

Dates	Job Title	Description

Service Information

15. List any services or training you are currently receiving or have receive from state or community agencies, such as DVR, CETA, Easter Seal, United Cerebral Palsy, etc.

Date	Service or Training

16. How did you learn about the Lifelong Career Development Program:

17. List some specific things you think you want to learn by participating in the Lifelong Career Development Program:

18. Describe some things about yourself that would help us in working with you:

Interviewer 5

Date ____________

CAREER DEVELOPMENT INVENTORY[1]

Directions:

a. Read directions aloud as written: "I'm going to ask for some information that will be useful in planning your program. This is a list of activities involved in day-to-day living. After I read an item, ask yourself whether you are able to perform the skill described on your own without assistance from another person. Later I will ask you which areas you have an interest in learning. Keep this in mind as we go through the items."

b. Read each item aloud to the person. Place an X in the first column (the farthest left) across from those items the person reports being able to do without assistance. Note: Spaces in the second column, closest to the items, are for use during post assessment.

c. After completing the 22 items, turn to page 10. Read directions aloud as written: "I'd like to find out those areas you are interested in learning. After I read an item, tell me whether you are interested in undertaking training to improve your skills in that area." Read the competencies aloud to the individual circling the number to the left of competencies the person reports an interest in learning.

1. Manage Family Finances
__ __a) Identify forms of money and make change
__ __b) Use bank and credit facilities
__ __c) Plan and follow a budget
__ __d) Invest for savings and retirement

2. Select, Manage and Maintain a Home
__ __a) Choose and obtain adequate housing
__ __b) Use basic appliances and tools
__ __c) Maintain inside of your home
__ __d) Maintain outside of your home

3. Care for Personal Needs
__ __a) Dress according to weather and occasion
__ __b) Maintain personal hygiene
__ __c) Explain illness prevention and treatment
__ __d) Explain the relationship between exercise, diet and weight

4. Family Living and Raising Children
__ __a) Understand effective birth control methods
__ __b) Adjust to change in family such as death, divorce, etc.
__ __c) Care for a child before and after birth
__ __d) Follow home safety rules

5. Plan, Buy and Prepare Food
__ __a) Plan for healthy meals
__ __b) Purchase food within a budget
__ __c) Use kitchen appliances and utensils
__ __d) Clean kitchen and properly store food

6. Buy and Care for Clothing
__ __a) Purchase clothing for self and family
__ __b) Launder clothing properly
__ __c) Iron and put away clothes
__ __d) Perform simple mending and alterations

7. Engage in Civic Activities
__ __a) Know how to register and vote
__ __b) Know basic laws and penalties for breaking them.
__ __c) Know citizenship rights and responsibilities
__ __d) Know what to do when stopped by police

8. Utilize Recreation and Leisure
__ __a) Use available recreational opportunities
__ __b) Understand the value of recreation and sportsmanship
__ __c) Plan vacations according to time and budget
__ __d) Participate in group activities

9. Get Around the Community (Mobility)
__ __a) Know traffic and safety rules
__ __b) Use public buses and taxi services
__ __c) Drive a car, motorcycle or bicycle
__ __d) Know basic traffic routes

---

[1] The Career Development Inventory is an adaptation of the Competency Rating Scale, a research instrument developed at the University of Missouri - Columbia, published by the Council of Exceptional Children in Life Centered Career Education: A Competency Based Approach, 1978, Donn E. Brolin, Ed. Data resulting from use of the Career Development Inventory should be clearly labeled experimental and interpreted with appropriate caution.

10. Achieve Self-Awareness
___ ___a) Know your physical strengths and limits
___ ___b) Recognize emotions in yourself and others
___ ___c) Understand personal needs and values
___ ___d) Understand the aging process

11. Acquire Self-Confidence
___ ___a) Make plans for the future
___ ___b) Accept praise
___ ___c) Accept criticism
___ ___d) Believe in yourself as a worthwhile person

12. Achieve Socially Responsible Behavior
___ ___a) Know rules society wants you to follow
___ ___b) Behave in public in a manner that doesn't cause trouble for you
___ ___c) Show that you respect other people's rights
___ ___d) Know how to behave in different social situations

13. Maintain Good Interpersonal Relationships
___ ___a) Have one or more close friends
___ ___b) Be thoughtful when listening and talking with others
___ ___c) Make friends with different kinds of people
___ ___d) Be pleasant and considerate of others

14. Achieve Independence and Interdependence
___ ___a) Consider and respect the needs of others
___ ___b) Try to do the best you can
___ ___c) Know how your behavior affects others
___ ___d) Accept responsibility for your actions

15. Achieve Problem-Solving Skills
___ ___a) Know where to find good advice
___ ___b) Understand the need for goals
___ ___c) Be aware of your alternatives and their possible outcomes
___ ___d) Recognize bi-polar concepts such as good-bad

16. Communicate Adequately With Others
___ ___a) Recognize emergency situations
___ ___b) Read and write well enough to reach future goals
___ ___c) Communicate with others by speaking, gesturing or other methods
___ ___d) Help your family learn to express feelings and thoughts

17. Know and Explore Occupational Possibilities
___ ___a) Know why work is important for people
___ ___b) Know where to get information about jobs
___ ___c) Understand how pay is determined
___ ___d) Know about jobs available in your local area

18. Select and Plan Occupational Choices
___ ___a) Look at jobs that match your interests, needs, and abilities
___ ___b) Use past experience to find the best job for you now
___ ___c) Make sensible choices according to job demand and availability
___ ___d) Know how spouse's work role fits with yours

19. Exhibit Appropriate Work Habits and Behaviors
___ ___a) Follow directions and safety rules
___ ___b) Know why attendance and being on time is important
___ ___c) Work cooperatively with others
___ ___d) Meet the quality standards for work chosen

20. Physical-Manual Skills
___ ___a) Have the balance and coordination required for chosen job
___ ___b) See, hear and feel things well enough for chosen job
___ ___c) Strength to work the required number of hours at chosen job
___ ___d) Use fingers and hands well enough for chosen job

21. Obtain a Specific Occupational Skill
___ ___a) Have a skill that qualifies you for a job of some sort

22. Seek, Secure and Maintain Employment
___ ___a) Look for a job using available help
___ ___b) Fill out a job application
___ ___c) Handle yourself well in an interview
___ ___d) Seek help when things go wrong

Turn to page 10. Read directions aloud as written: "I'd like to find out those areas you are interested in learning. After I read an item, tell me whether you are interested in undertaking training to improve your skills in that area." Read the competencies aloud to the individual circling the number to the left of competencies the person reports an interest in learning.

DIRECTIONS FOR PREPARING CAREER DEVELOPMENT PROFILE

1. For Competency 1 of the scale, count the total number of items marked.
2. Locate Competency 1 on the profile. In the column next to Competency 1 marked "Initial Assessment," darken in the circle that corresponds to the total number of items marked for Competency 1. See example below.
3. Repeat process for each of the 22 Competencies.
4. Draw lines between darkened circles to create a profile.
5. When scale is readministered for Post-Training Assessment, repeat the process but darken in the circles in the column marked Post Assessment.

EXAMPLE

SCALE

1. Manage Family Finances

X __ a) Identify forms of money and make change
__ __ b) Use bank and credit facilities
X __ c) Plan and maintain a budget
__ __ d) Invest for savings and retirement

2. Select, Manage and Maintain a Home

__ __ a) Choose and obtain adequate housing
X __ b) Use basic appliances and tools
X __ c) Maintain inside of home
X __ d) Maintain outside of home

PROFILE

	Initial Assessment				
	0	1	2	3	4
1. Manage Family Finances	○	○	●	○	○
2. Select, Manage and Maintain a Home	○	○	○	●	○

NOTES

CAREER DEVELOPMENT PROFILE

Competencies	Initial Assessment					Post Assessment					Comp #
	0	1	2	3	4*	0	1	2	3	4	
1. Manage Family Finances	○	○	○	○	○	○	○	○	○	○	1
2. Select, Manage, and Maintain a Home	○	○	○	○	○	○	○	○	○	○	2
3. Care for Personal Needs	○	○	○	○	○	○	○	○	○	○	3
4. Family Living and Raising Children	○	○	○	○	○	○	○	○	○	○	4
5. Plan, Buy, and Prepare Food	○	○	○	○	○	○	○	○	○	○	5
6. Buy and Care for Clothing	○	○	○	○	○	○	○	○	○	○	6
7. Engage in Civic Activities	○	○	○	○	○	○	○	○	○	○	7
8. Utilize Recreation and Leisure	○	○	○	○	○	○	○	○	○	○	8
9. Get Around the Community (Mobility)	○	○	○	○	○	○	○	○	○	○	9
10. Achieve Self-Awareness	○	○	○	○	○	○	○	○	○	○	10
11. Acquire Self-Confidence	○	○	○	○	○	○	○	○	○	○	11
12. Achieve Socially Responsible Behavior	○	○	○	○	○	○	○	○	○	○	12
13. Maintain Good Interpersonal Relationships	○	○	○	○	○	○	○	○	○	○	13
14. Achieve Independence and Interdependence	○	○	○	○	○	○	○	○	○	○	14
15. Achieve Problem-Solving Skills	○	○	○	○	○	○	○	○	○	○	15
16. Communicate Adequately With Others	○	○	○	○	○	○	○	○	○	○	16
17. Know and Explore Occupational Possibilities	○	○	○	○	○	○	○	○	○	○	17
18. Select and Plan Occupational Choices	○	○	○	○	○	○	○	○	○	○	18
19. Exhibit Appropriate Work Habits and Behaviors	○	○	○	○	○	○	○	○	○	○	19
20. Possess Physical-Manual Skills	○	○	○	○	○	○	○	○	○	○	20
21. Obtain a Specific Occupational Skill	○				○	○				○	21
22. Seek, Secure, and Maintain Employment	○	○	○	○	○	○	○	○	○	○	22

* Total number items marked for that competency

PROFILE REMARKS

Number of Related Competency	Goal	Service or Training Activity	Source of Service or Training	

Follow-Along Notes:

DEVELOPMENT PLAN

Contact Person	Approximate Time Required	Anticipated Dates		Was Goal Achieved?*	Additional Service or Training?	See Written Report
		Start	Finish			

*If no, indicate reasons below.

EXIT INTERVIEW

To be completed together by participant and interviewer. Date ____________

Participant ________________________ Interviewer ____________________

1. Total length of contact with the LCD program (orientation to present)

   ____

2. What things most satisfied you about the program?

3. What things dissatisfied you about the program?

4. How could the program be improved?

5. How would you rate the services you received from the LCD Team?

	poor	fair	average	good	excellent
	1	2	3	4	5

6. Were you employed when you began the program? Yes ___ No ___

7. Are you employed now? Yes ___ No ___ If yes, what is your job?

   ____

8. Was employment one of your goals through the LCD Program? Yes___ No ___

9. Re-administer the Career Development Inventory, placing marks in the column closest to the items. Record results in "Post Assessment" column of the Career Development Profile.

10. Turn to the LCD Plan on pages 10-11. Review the goals and activities described in the plan and update the information. If a goal or planned activity was not accomplished, indicate the reasons in the space provided at the bottom of the page.

APPENDIX E

ORIENTATION EVALUATION FORM

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FORM B3

Date______________

Lifelong Career Development Program
Orientation Segment

ORIENTATION EVALUATION

All individuals who come to the Lifelong Career Development Program for information about being a participant are given facts about the program, about what he or she may expect, and about the community college. We want to make this introduction a worthwhile and enjoyable experience. You can help us by responding to the following.

The program was explained to me in a manner I was able to understand. yes ______ no ______

The staff person who talked to me was willing and able to answer my questions. yes ______ no ______

The purpose of the assessment process was explained to me. yes ______ no ______

I was told about some of the opportunities I may have as a participant in the program. yes ______ no ______

I was given written information about the program that I can take with me. yes ______ no ______

I was given the name and phone number of someone I can contact to answer any additional questions I may have. yes ______ no ______

In regard to the Lifelong Career Development Program, I am personally concerned about:

____

____

____

I would evaluate my introduction to the Program as:

excellent 5 4 3 2 1 poor

APPENDIX F

LCD MONTHLY ACTIVITIES REPORT (MAR)

LCD MONTHLY ACTIVITIES REPORT

Month and Year ____________________ Completed by ________________________

A. ORIENTATION - Provide information to interested individuals about LCD Program on which they can base their decision regarding participation.

1. Number of individuals oriented this month: ____________________
2. Number of persons who became participants this month: ____________
3. Additional Comments: ______________________________

Attach a copy of the Orientation Evaluation form filled out by each person oriented this month

---

B. CAREER ASSESSMENT - Evaluate participant's skills and interests to relative to the 22 competencies.

1. Number of participants assessed this month using the Career Development Inventory: ______________________________
2. List any additional testing methods used for assessment: __________
3. Additional Comments: ______________________________

C. LCD PLANNING - Meetings with team and participant to develop a workable Life Centered Career Development Plan.

1. Number of LCD Plans developed this month: ____________________
2. Number of participants currently active with the program this month (in follow-along phase): ____________________
3. Number of participants terminated this month (exit interview conducted: ______________________________
4. Additional Comments: ______________________________

D. INFORMATION SERVICE: Provide appropriate information and recommendations in response to requests from individuals in the community.

1. Briefly describe below each informational activity that occurred during the month. Include the following information:

   a. Description of request and its source.
   b. Recommendation and/or action in response to request.
   c. Outcome and whether it was satisfactory.

2. Additional Comments:

E. ADVOCACY: Provide advocacy services to disabled individuals, focusing on preparing them to be effective self-advocates.

1. Briefly describe below each advocacy activity that occurred during the month. Include the following information:

   a. Description of the situation.
   b. Action taken in response to situation.
   c. Outcome and whether it was satisfactory.

2. Additional Comments:

F. RESOURCES COLLECTION: Make available disability-related information and responses to interested individuals.

1. Number of additional publications and materials acquired this month: ____________________

2. Estimated number of people who used the collection this month: ____________________

3. Describe categories of users this month*: ____________________

   *Examples: Community college students and faculty, team, agency personnel, disabled individuals, their relatives, etc.

4. Additional Comments: ____________________

G. TRAINING SERVICES: Improve the preparedness of interested persons in the community to interact with disabled individuals and respond to disability-related concerns.

1. Briefly describe below each training service conducted during the month. Include the following information:

   a. Describe the Training Service.
   b. Number of people who attended.
   c. Recommended improvements.
   d. Attach post-training evaluation forms.

____

2. Additional Comments: ____________________

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H. INSTRUCTION: Increase availability of learning opportunities to meet the needs of disabled adults through development of support courses and individualized learning experiences.

1. Briefly describe below each instructional program developed or conducted during the month. Include the following information:

   a. Describe the course or individualized learning experience.
   b. Number of disabled persons attending the course or individualized learning experience.
   c. Recommended improvements.
   d. Attach Participant Evaluation of instructions (H1) and Support Course Report (3) forms.

2. Additional Comments:

APPENDIX G

REVISED NEEDS ASSESSMENT INSTRUMENTS

Part 1 of
Needs Assessment

LIFELONG CAREER DEVELOPMENT
COMPETENCY AND INTEREST QUESTIONNAIRE

* * * * INSTRUCTIONS FOR THE INTERVIEWER * * * *

In most cases this questionnaire will be administered orally to the disabled individual. Use alternative techniques available to facilitate communication if the disability affects use of the usual interviewing procedure. The questionnaire can be administered in the individual's home, place of activity, or at the community college or agency.

The purpose of the questionnaire is twofold: 1) to assess the extent to which disabled individuals feel they can perform the 22 competencies and 2) to assess the competency areas in which disabled people desire training.

Additional information for this assessment may be gathered from a relative and/or service provider if there is reason to believe the disabled person's responses were inaccurate.

The interview consists of the 4 main sections listed below. Special considerations for conducting the sections are described.

A. Establish rapport and explain the purpose of the assessment. Before beginning the questionnaire, help the person feel at ease. If you and the individual are not acquainted, spend a few minutes introducing yourself and getting to know the person you are interviewing.

Above all, emphasize that this is not a test. It is an attempt to get information about needs in the community so services can be improved.

B. Gather basic background information about the individual. Assure the person that responses to these questions will be confidential. The individual's name is not recorded; therefore, the person will remain anonymous.

C. Record the individual's self-report of ability to perform the 22 competencies. When assessing an individual's ability to perform the competencies, stress that the purpose of the questionnaire is to find out what people can do by themselves without assistance from another person like a relative or attendant.

D. Record the individual's reported interest in receiving training in the competencies. This portion of the questionnaire focuses on interest in learning the competencies to which the person responded, "able to do only *some or none* of the skills "(a *"no"* response). Avoid conveying a negative tone during this section. The suggested wording on page 3 is designed to lessen the negative connotation.

Step-by-step instructions are provided in the next section, "Directions for Administration." Before administering any questionnaires, the interviewer should read this section carefully and become thoroughly familiar with the procedure.

* * * * DIRECTIONS FOR ADMINISTRATION * * * *

The sections in italics are to be said aloud to the person interviewed. Directions for the interviewer appear in regular type.

A. EXPLAIN PURPOSE OF THE ASSESSMENT

A survey is being conducted in the ________________ area to determine whether there is need for more and better services for people who are disabled. We are thinking about offering a new program, located at the community college, to assist people with disabilities who want help in finding appropriate services and training for daily living and working.

I would like to ask you some questions to help us find out if such a program is needed. Do you have any questions?

B. GATHER BASIC BACKGROUND INFORMATION

First, I would like to ask you some questions about yourself. These are just a few background questions needed for the survey. Your name will not be recorded so you can be sure your answers will be annonymous. Ask the background information questions at the top of the Response Sheet and record answers in the space provided.

C. RECORD ABILITY TO PERFORM THE 22 COMPETENCIES

I would like to find out whether you feel you have certain skills. This is not a test. It is to find out whether services to disabled people in the community need to be improved or increased.

After I read each item, think about whether you are able to perform the skill described, on your own, without assistance from another person. Do you have any questions? If needed, repeat directions.

If appropriate, give the person a copy of the 22 Life-Centered Competencies for reference as you ask the questions.

The first skill is concerned with managing your finances. It consists of... (read or paraphrase the description of competency 1)

Remember to think about whether you can do the skill on your own without help from another person. If you believe you are able to do all or most of this skill, answer yes. If you believe you are able to do some or none of this skill, answer no. (Repeat if needed)

Mark the person's answer in the column labeled, "Competency Assessment" in the Competency and Learning Assessment chart on the Response Sheet. Continue until all 22 items have been assessed.

D. RECORD INTEREST IN TRAINING

Next, let's consider your interest in learning more about some of the skills we just covered.

For each item I read, ask yourself whether you would be interested in learning more about that skill area.

For each of the items marked "no" on the Competency Assessment Chart, ask: *Are you interested in receiving training to learn more about ___________?*

Example: If #1 is marked "no", ask: "Are you interested in receiving training to learn more about managing family finances?"

Mark the answer in the column labeled, "Learning Assessment." Continue until all the competencies marked "no" have been discussed.

E. GIVE CLOSING REMARKS

We really appreciate your time and cooperation. If we do start this program located at the community college, perhaps you may be interested in the services we develop. If so contact ______________________.

Part 1 of
Needs Assessment

RESPONSE SHEET

BACKGROUND INFORMATION

1. What is your age?___ 2. Are you currently working?___ If yes, what do you do?___
___________________ Hours per week? ___
3. How much education have you had?___________________ 4. What is your disability?
___________________ 5. Do you have any other problems?___________________
6. Do you have an attendant?___ If yes, what types of assistance does your attendant provide?___________________
7. Have you received services from any agencies?___ If yes, which agencies?___________________
____

COMPETENCY AND LEARNING ASSESSMENT CHART

Competencies	Competency Assessment YES(all or most)	Competency Assessment NO(some or none)	Learning Assessment YES	Learning Assessment NO	(Comp.#)
1. Manage Family Finances	___	___	___	___	1
2. Select & Maintain a Home	___	___	___	___	2
3. Care for Personal Needs	___	___	___	___	3
4. Family Living & Child Rearing	___	___	___	___	4
5. Plan, Buy & Prepare Food	___	___	___	___	5
6. Buy & Care for Clothing	___	___	___	___	6
7. Engage in Civic Activities	___	___	___	___	7
8. Use Recreation & Leisure	___	___	___	___	8
9. Get Around the Community	___	___	___	___	9
10. Achieve Self-Awareness	___	___	___	___	10
11. Achieve Self-Confidence	___	___	___	___	11
12. Be Socially Responsible	___	___	___	___	12
13. Maintain Good Relationships	___	___	___	___	13
14. Achieve Independence	___	___	___	___	14
15. Achieve Problem-Solving Skills	___	___	___	___	15
16. Communicate With Others	___	___	___	___	16
17. Know Occupational Possibilities	___	___	___	___	17
18. Plan Occupational Choices	___	___	___	___	18
19. Show Appropriate Work Habits	___	___	___	___	19
20. Have Physical-Manual Skills	___	___	___	___	20
21. Obtain a Specific Job Skill	___	___	___	___	21
22. Seek & Maintain Employment	___	___	___	___	22

Date ___________________ Interviewer ___________________

Part 1 and 3 of
Needs Assessment

THE 22 LIFE-CENTERED COMPETENCIES

DAILY LIVING DOMAIN

1. Competency 1 is concerned with managing finances. It includes using a bank and checking and savings accounts. It also includes knowing how to use credit and how to develop and use a budget.
2. Competency 2 is concerned with selecting, managing, and maintaining a home. It includes selecting a home, cleaning, repairing, and decorating a home, using household appliances and tools, and caring for the outside of a home.
3. Competency 3 is concerned with caring for personal needs. It includes personal hygiene and grooming, nutrition, physical fitness, and maintenance of appropriate weight. It also includes knowing about illness prevention and treatment methods.
4. Competency 4 is concerned with family living and raising children. It includes using contraceptives, understanding your own and other's sexuality, and responding to needs of others. It also includes caring for children, safety practices in the home, and adjusting to changes in life.
5. Competency 5 is concerned with planning, buying, and preparing food. It includes buying food within a budget, preparing balanced meals, storing food, and cleaning kitchen facilities.
6. Competency 6 is concerned with buying and caring for clothing. It includes buying clothes for yourself and family, and laundering, mending and altering clothes.
7. Competency 7 is concerned with engaging in civic activities. It includes knowing basic citizenship rights and responsibilities and exercising the right to vote. It also includes awareness of environmental issues, knowledge of the law and knowledge of appropriate behavior if you are stopped by police.
8. Competency 8 is concerned with utilizing recreation and leisure. It includes participating in group activities, knowing recreational activities and resources in the community, planning activities according to your interests, planning vacations, and showing good sportsmanship.
9. Competency 9 is concerned with mobility and getting around the community. It includes knowing traffic and safety rules, knowing how to use various means of transportation, and if appropriate, driving a car.

PERSONAL-SOCIAL DOMAIN

10. Competency 10 is concerned with achieving self-awareness. It includes knowing your physical strengths and limits and your interests and abilities. It also includes recognizing your own and others' emotions, identifying personal needs, knowing what is important to you, being able to take care of yourself and help others, and understanding the aging process.
11. Competency 11 is concerned with acquiring self-confidence. It includes feeling good about yourself, knowing how others see you, accepting praise and criticism, having a plan for your life.
12. Competency 12 is concerned with achieving socially responsible behavior. It includes knowing how to be responsible, behaving correctly in public, respecting the rights of others and knowing how to behave in various social roles.
13. Competency 13 is concerned with maintaining good interpersonal relationships. It includes listening and responding appropriately to others, making and keeping friendships, and having a close sharing relationship with at least one other person.

14. Competency 14 is concerned with achieving independence and interdependence. It includes knowing how you influence others, caring for yourself, accepting responsibility for meeting personal goals, and developing yourself while respecting the needs of others.

15. Competency 15 is concerned with achieving problem-solving skills. It includes understanding goals, recognizing different alternatives and their consequences, knowing where to find good advice, and planning for the future.

16. Competency 16 is concerned with communicating adequately with others. It includes reading and writing, communicating with others, recognizing emergency situations, knowing how to locate needed information, and helping yourself and others communicate feelings and thoughts.

OCCUPATIONAL GUIDANCE AND PREPARATION DOMAIN

17. Competency 17 is concerned with knowing and exploring occupational possibilities. It includes knowing the values of work, understanding about pay, and knowing about various jobs, local work opportunities and sources of job information.

18. Competency 18 is concerned with selecting and planning occupational choices. It includes knowing your needs, interests and aptitudes in regard to work, making occupational choices throughout life, based on past experience, and understanding the impact of your occupation on your family.

19. Competency 19 is concerned with exhibiting appropriate work habits and behaviors. It includes knowing how to follow directions, working with others, supervising others or being supervised, attending work regularly and on time, communicating with co-workers, meeting work standards, and following rules and safety practices.

20. Competency 20 is concerned with physical-manual skills. It includes having the balance, coordination, dexterity, stamina, endurance, and sensory abilities required for your chosen job.

21. Competency 21 is concerned with obtaining a specific occupational skill. It includes having the training and skills required to get and keep a job.

22. Competency 22 is concerned with seeking, securing and maintaining employment. It includes knowing resources for job hunting, applying and interviewing for a job, adjusting to a new job, and finding help when needed on the job.

Part 2 of
Needs Assessment

LIFELONG CAREER DEVELOPMENT
TRAINING AND RESOURCE NEEDS QUESTIONNAIRE

* * * * INSTRUCTIONS FOR THE INTERVIEWER * * * *

This instrument is administered in person to disabled individuals, professionals who work with disabled people, community college staff and students, employers, and relatives and advocates of disabled people. Respondents to Part 1 may also respond to this instrument. The questionnaire assesses the degree to which these groups believe the LCD Program is needed and their interest in receiving the proposed services.

The interview consists of the 4 main sections listed below. Special considerations for conducting the sections are described.

A. Establish rapport and explain the purpose of the assessment. It is important to establish rapport so the individual responds with as much honesty and objectivity as possible.

B. Gather basic background information. Request the information enclosed in a box under item 2 only if the respondent is an employer or a representative of an agency or organization in the community. Request the information enclosed in a box under item 3 only if the respondent is a representative of an agency or organization. The questions do not pertain to other respondents.

C. Assess the need for the LCD Program. Before administering the questionnaire, become thoroughly familiar with the description of the LCD Program provided in this section.

D. Assess training and resource needs using Interest Checklist. The checklist may be administered in two ways: 1) Give the person a copy of the checklist to complete on his or her own before concluding the interview. 2) Read the items of the checklist aloud to the person and mark the responses (a copy may be given to the respondent to follow as you read). Choose the procedure that best accommodates the respondent.

* * * * DIRECTIONS FOR ADMINISTRATION * * * *

The sections in italics are to be said aloud to the person interviewed. Directions for the interviewer appear in regular type.

A. EXPLAIN THE PURPOSE OF THE ASSESSMENT

A survey is being conducted in the __________________ area to determine whether there is need for more and better services for people who are disabled. We are thinking about offering a new program, located at the community college, to assist people with disabilities who want help in finding appropriate services and training relative to daily living, personal-social and occupational skills.

This program would not be a duplication of existing services nor would it interfere with the programs currently offered. It is designed to link existing resources toward the goal of increased efficiency of service delivery.

I would like to ask you some questions to help us determine if such a program is needed.

B. GATHER BASIC BACKGROUND INFORMATION

1. Respondent is: (may check more than one)

__agency personnel
__advocate
__disabled person (state disability________________________)

__employer
__community college student

__community college staff
__relative of disabled person (state disability____________________________)
__other (specify)__________

2. If the individual is an employer or an agency or organization representative, ask:

*What is the name of the organization/agency/business with which you are affiliated?*______________________________
*What is your position?*______________________________

3. If respondent is the representative from an agency or organization, obtain the following information:

- *What is the complete name and address of the agency/organization?*______________________________ • *Telephone?*__________
- *What type of agency: state__; Federal__; State/Federal__; county__; city__; private__; other (specify)*______________________________
- *What disability groups are served?*______________________________
- *Age group(s)?*______________________________
- *What services are provided? (introduce whether they are direct or purchased services)*______________________________
- *What are the eligibility requirements?*______________________________
- *Is there a waiting list?*_____ *If yes, how long?*______________________________

C. ASSESS THE NEED FOR THE LCD PROGRAM

We are considering establishing a Lifelong Career Development program coordinated through the community college in this area. After I describe the program, I will ask for your opinion about the feasibility and need for such a program.

The program's goal is to improve opportunities for disabled adults to achieve successful daily living, personal-social and occupational development. The program is designed to achieve this goal by linking existing resources and developing additional services as needed. Program activities would be coordinated and conducted by a team of agency representatives, community college personnel, disabled consumers and others.

Through the proposed program the following services would be offered to disabled adults:

- *orientation to the program*
- *assessment*
- *guidance and planning*
- *follow-along*
- *advocacy training and assistance*
- *instruction*
- *use of a resource collection containing information about disability-related concerns.*

These services would be offered to agency personnel, community college staff and students, disabled people, relatives of disabled people and others in the community:

- *training in disability-related issues*
- *consultation services in regard to career development of disabled adults*
- *use of a resource collection containing information about disability-related concerns*

*Do you think such a program is needed? yes__ no__ Why?*______________________

____

____

Do you think such a program is feasible in this area? yes__ no__ If no, why?

____

____

D. ASSESS TRAINING AND RESOURCE NEEDS USING INTEREST CHECKLIST

Next, I would like to find out your interest in some of the services and training that may be offered through the proposed program. The checklist that I am about to give you will help us get this information.

Administer the checklist in one of the two ways described below. Choose the procedure that best accommodates the respondent:

Give the Interest Checklist contained in the assessment booklet to the person and say, *Please read each item and check the ones that apply to you. In the first part, check the topics you'd be interested in learning. In the second part, check the services you would utilize if available.*

Remain available to answer any questions and collect the checklist from the person when he or she is finished.

OR

Read aloud the items of the checklist. Example: *Would you like to learn about availability of community resources and services for disabled people? Would you like to learn about transportation options for disabled people?, etc.*

Place a check next to the items receiving an affirmative response.

E. GIVE CLOSING REMARKS

We really appreciate your time and cooperation. We'll notify you when our survey is complete to inform you of the results and our future plans.

Part 2 of
Needs Assessment

INTEREST CHECKLIST

Directions: Check the items below that apply to you.

I WOULD BE INTERESTED IN LEARNING MORE ABOUT:

__ availability of community resources and services for disabled people

__ transportation options for disabled people

__ housing options for disabled people

__ medical aspects of various disabilities

__ how to interact and communicate more effectively with non-disabled people

__ instructional methods for teaching individuals with various disabilities

__ architectural modifications to improve accessibility for disabled people

__ accommodation of disabled employees on the job site

__ how to organize a support group comprised of disabled adults in the community

__ independent living needs of disabled people

__ how to interact and communicate more effectively with disabled people

__ the legal rights of disabled people

__ ways to enforce the legal rights of disabled people

__ how to file a complaint with the office of Civil Rights

__ the Rehabilitation Act of 1973

__ Section 504 of the Rehabilitation Act of 1973

__ the Education of All Handicapped Children Act (P.L. 94-142)

__ The Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978 (P.L. 95-602)

__ Targeted Jobs Tax Credit for Employers

__ other (please specify) ______________________________

IF AVAILABLE, I WOULD:

__ Use a resource collection, located at the community college, containing information about various aspects of disability.

__ Use a consultation service available to help solve problems related to disability.

__ Attend a training workshop about disability-related issues (please specify what you'd like to learn) ______________________________

Part 3 of
Needs Assessment

LIFELONG CAREER DEVELOPMENT
COMMUNITY RESOURCES ASSESSMENT

* * * * INSTRUCTIONS * * * *

The Community Resources Assessment consists of a series of group activities conducted with the LCD Advising Committee. The process is designed to gather information about resources available in the community relative to the 22 Life-Centered Competencies. This assessment is conducted after Parts 1 and 2 of the needs assessment are analyzed and need for the LCD Program is established.

The Community Resources Assessment can be completed in approximately 1 hour. It may be conducted during a regularly scheduled meeting of the LCD Advising Committee.

Before conducting the assessment, the leader(s) for the activity (this most often will be the LCD Coordinator) must become thoroughly familiar with the steps outlined in the next section. Note the approximate time required for each activity. Also, be prepared to provide assistance, if needed, so disabled committee members can participate in the activities.

The leader(s) must gather the following materials for use during the activity:

- sheets of newsprint (at least 10 sheets)
- 3 felt tip markers
- copies of the 22 Life-Centered Competencies - 1 copy for each advising committee member
- 3 copies of the Resource Matrix for each domain
- 10-15 copies of the Community Resource Data Sheet

* * * * DIRECTIONS FOR CONDUCTING ASSESSMENT * * * *

Steps Time

1. Introduce the 22 Life-Centered Competencies and the 3 domains. Give each person a list of the competencies from part 1 of the survey. 10 min.

2. Divide the LCD Advising Committee into 3 groups making sure each includes a mix of community college, agency and disabled representatives. 10 min. for Steps 2-

3. Provide each group with sheets of newsprint and a felt tip marker. Ask each group to appoint a recorder.

4. Explain the Brainstorming Technique as follows:

   The purpose of brainstorming is to generate as many ideas as possible in a short time. To achieve this, no criticism is allowed for any idea. Instead of judging ideas, focus on producing as many ideas as you can in the specified time. Remember, quantity is important and all negative comments must be withheld.

5. Asisgn each group one of the 3 domains: Daily Living Skills, Personal-Social Skills or Occupational Guidance and Preparation.

6. Ask each group to brainstorm for 3 minutes about resources available locally to provide training or service relative to the assigned domain. Alert the groups when 1 minute remains. 3 min.

7. Distribute 3 copies of the appropriate Resource Matrix (pages 3-5) to each group. Give directions: 20 min.

   For each resource listed in the brainstorm activity, write the name of the resource in the left column. Then mark the competencies for which services are available from the resource, along with a brief description of the service. For each competency, also list the disability groups served using abbreviations at the bottom of the page and indicate whether the service is direct or purchased. Review an example from one of the domains.

8. After 20 minutes, ask each group to look for areas in which adequate resources do not seem to be available to provide training or services for competencies of the assigned domain. Groups should list the deficit areas on the newsprint. 5 min.

9. Ask each group to present their list, on newsprint, of resources for the assigned domain and discuss apparent deficits. Conduct a large group discussion about community resources. Collect Resource Matrices from each group.

10. Ask representatives from agencies, organizations and other service providers to complete a Community Resource Data Sheet about their respective organization. This should be completed and turned in before they leave. 10 min.

Part 3 of
Needs Assessment

COMMUNITY RESOURCE DATA SHEET

1. Name of Agency or Organization: ______________________________
____
2. Complete address: ______________________________
____
____
Zip Code ______________________________
3. Phone number:
____
4. Your name: ______________________________
5. Your Position: ______________________________
6. Type of Agency: State ___; Federal ___; State/Federal ___; County ___;
City ___; Private ___; Other (specify) ______________________________
7. Geographical area served: ______________________________
____
8. Disability Groups served: ______________________________
____
____
9. Age groups: ______________________________
10. Services provided (indicate whether direct or purchased service): ___________
____
____
____
____
11. Eligibility requirements: ______________________________
____
12. Fees for services: ______________________________
____
13. Is there a waiting list? ______ If yes, how long? ______________________________
14. Does the agency accept: referrals ___ walk-ins ___ both ___

Part 3 of
Needs Assessment

RESOURCE MATRIX FOR DAILY LIVING DOMAIN

RESOURCES	COMPETENCY								
	1 Finances	2 Home Care	3 Personal Needs	4 Family Living	5 Food	6 Clothing	7 Civic Activities	8 Recreation	9 Mobility
Example: Name: Oakdale Center	✓		✓					✓	
Description of service:	one to one counseling		classes of 8-10					group outings	
Disability group(s) served:	CP, Ep, MR		CP, MR					MR	
Direct or purchased service:	direct		purchased					direct	
Name: ____________									
Description of service:									
Disability group(s) served:									
Direct or purchased service:									
Name: ____________									
Description of service:									
Disability group(s) served:									
Direct or purchased service:									
Name: ____________									
Description of service:									
Disability group(s) served:									
Direct or purchased service:									
Name: ____________									
Description of service:									
Disability group(s) served:									
Direct or purchased service:									

Abbreviations for disability groups:
CP Cerebral Palsy
Ep Epilepsy
HI Hearing Impairment
MR Mental Retardation
OH Orthopedic Handicap
VI Visual Impairment
MH Multiple Handicap

Part 3 of
Needs Assessment

RESOURCE MATRIX FOR PERSONAL-SOCIAL DOMAIN

RESOURCES	COMPETENCY						
	10 Self-Awareness	11 Self-Confidence	12 Responsible Behavior	13 Interpersonal Relationships	14 Independence	15 Problem-Solving	16 Communication
Example: Name: Southwest Activity Center Description of service: Disability group(s) served: Direct or purchased service:	✓ group counseling 3 times per week CP, Ep, MR, MH direct	✓ group counseling 3 times per week CP, Ep, MR, MH direct	✓ one to one counseling during activity sessions CP, Ep, MR, MH direct	✓ small group classes through continuing education MR purchased		✓ one to one counseling during activity sessions CP, Ep, MR, MH direct	
Name:____________ Description of service: Disability group(s) served: Direct or purchased service:							
Name:____________ Description of service: Disability group(s) served: Direct or purchased service:							
Name:____________ Description of service: Disability group(s) served: Direct or purchased service:							
Name:____________ Description of service: Disability group(s) served: Direct or purchased service:							

Abbreviations for disability groups: CP Cerebral Palsy, Ep Epilepsy, HI Hearing Impairment, MR Mental Retardation, OH Orthopedic Handicap, VI Visual Impairment, MH Multiple Handicap

Part 3 of
Needs Assessment

RESOURCE MATRIX FOR
OCCUPATIONAL GUIDANCE AND PREPARATION DOMAIN

RESOURCES	COMPETENCY					
	17 Occupational Exploration	18 Choosing Occupation	19 Work Habits	20 Physical Skills	21 Obtaining Job Skill	22 Securing Employment
Example: Name: Job Training Center Description of service: Disability group(s) served: Direct or purchased service:			✓ one to one counseling & supervision. MR, OH direct		✓ small group classes & one to one instruction MR, OH direct	✓ job seeking skills classes through continuing education MR purchased
Name: Description of service: Disability group(s) served: Direct or purchased service:						
Name: Description of service: Disability group(s) served: Direct or purchased service:						
Name: Description of service: Disability group(s) served: Direct or purchased service:						
Name: Description of service: Disability group(s) served: Direct or purchased service:						

Abbreviations for disability groups: CP Cerebral Palsy HI Hearing Impairment OH Orthopedic Handicap MH Multiple Handicap
Ep Epilepsy MR Mental Retardation VI Visual Impairment

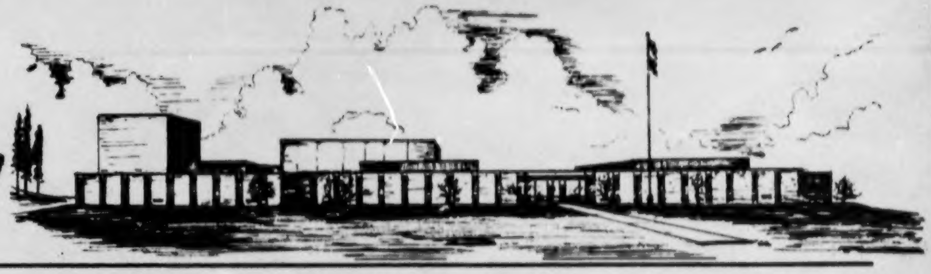
APPENDIX H

LETTERS OF SUPPORT AND IMPACT

412

Brainerd
Community
College

College Drive Brainerd, Minn, 56401 Phone 218-828-2525



October 12, 1981

Dr. Donn Brolin, LCD Project
Department of Counseling and
Personnel Services
College of Education
16 Hill Hall
University of Missouri
Columbia, Missouri 65211

Dear Dr. Brolin:

As one of the original pilot sites for the development of the Lifelong Career Development Project for the Severely Handicapped (LCD) model and materials, Brainerd Community College has experienced an involvement and outcomes exceeding those originally anticipated.

Brainerd Community College is a small, rural institution with limited resources. However, our experience with LCD over the past three years has demonstrated the College's capacity for outreach and ability to draw upon community resources not previously tapped. As a result of this involvement, the College has benefited from extremely comprehensive media coverage which, in turn, has helped to generate new clients and opportunities.

Originally, the campus LCD Coordinator had additional duties and reported to the Dean of Students. Beginning the second year -- thanks to a grant from an area foundation -- the coordinator reported directly to the President and had full-time responsibilities relative to the LCD program and services to the handicapped. It seems imperative to me that a program such as this have the direct and visible support of the institution's decision-makers.

A team consisting of both college and agency personnel meet regularly and frequently with the campus coordinator and program participants. An LCD Resource Center, available to staff, students and the community, was established and developed within the College library. An advisory committee, representative of the community and various agencies, was active and supportive.

The College, which provides a relatively barrier-free environment, has experienced an unprecedented increase in the enrollment of individuals with disabilities following the introduction of the LCD project. Awareness workshops presented to College faculty, area school personnel, and service organizations have proven popular and beneficial to all.

While it has not been possible for the College to maintain the position of Campus Coordinator and to continue the LCD program in its entirety, some of the services and many of the activities associated with the project are still located and available on the campus.

An Equal Opportunity Employer

The opportunity to participate in the LCD Project was certainly most appreciated and proved to be one of benefit to the entire community. I wish to thank you and the members of the project staff for all the assistance and encouragement provided us.

Best wishes for continued success in helping to serve the needs of the handicapped.

Sincerely,

Curtis S. Murton Jr.

Curtis S. Murton, Jr.
President

CSM:w

IOWA CENTRAL COMMUNITY COLLEGE
330 Avenue M
Fort Dodge, Iowa 50501

TO: Dr. Donn Brolin

FROM: Carl H. Larson

RE: Review of the LCD program as operated in the community college setting

DATE: September 21, 1981

Iowa Central Community College cooperated as one of three pilot sites in the development of the LCD progtam. The project goal was to develop the lifelong career development concept using the function of the community college as the catalyst, bringing together into an operational service base the various agencies serving the handicapped. Iowa Central Community College provided a pilot site serving a wide rural geographical area. The various needs assessments were conducted, the forming of an effective, active advisory committee was established and an operational LCD program was developed to serve the handicapped.

The operational program provided the handicapped with:

(1) an intake staffing whereby the services of all agencies were made available for assistance.

(2) an opportunity to partake in the various community college instructional and service programs ranging from special classes in Personal Achievement Skills Training, as well as the full listing of the ongoing Vocational-Technical, Arts/Sciences, and Community Education offerings.

The LCD program, as operated by Iowa Central Community College, became part of the Community Education Division, becoming the responsibility of the Special Needs Director, with the assistance of a secretary and the trained LCD team members. The training conducted at the University of Missouri-Columbia developed the team with the necessary expertise to serve the handicapped through the staffing mechanism.

The Iowa Central Community College LCD team consisted of eight members representing the college, Arrowhead Area Education Agency, and Vocational Rehabilitation. The LCD program has become an operational program fully utilized at Iowa Central Community College. The reports of the LCD service are directed to the coordinating council of this college and to the Title IX Compliance Committee. Administratively, it is directed by the Director of Community Education who is responsible to the Administrative Cabinet and, finally, to the Assistant Superintendent of Curriculum and Instruction.

The LCD concept was developed by the University of Missouri project and has become a variable and effective means of this community college meeting its basic objectives. Senate File 550, Chapter 280, Code of Iowa, lists ten major objectives of the community college in Iowa. Objective #4, In-service and Retraining to Upgrade Skills; #8, Guidance and Counseling for Adults and Students; and #9, Occupational Training of Handicapped, focus on services to the handicapped. The LCD program thus has become a vehicle whereby the community colleges of Iowa can effectively serve the handicapped. LCD merges its efforts with other activivies and programs of services to the handicapped. It is a most effective means and has become the paramount method of achieving the goal of service to the handicapped of the community college.

The eight major component parts of LCD provide a full range of services to the handicapped. The effectiveness of the program depends upon the capabilities of the individuals trained to understand and develop the LCD program.

The LCD program, as developed, has the philosophical and procedural bases for complete operation in the community college setting.

Cooperation between agencies is difficult if the commonalty of service programs by agencies is not apparent. Agencies* have been brought together into an effective organizational pattern.

Services to the handicapped have been increasing. In many cases, the LCD program becomes the first step, bringing a human resource program to handicapped individuals.

* Arrowhead Area Education Agency 5
Rehabilitation Education and Service Branch
Job Service of Iowa
Department of Social Services
Developmental Disabilities Council - Area V
Deaf Service of Iowa
Iowa Commission of the Blind
Central Iowa Epilepsy Association
Webster County Mental Retardation Association
Webster County Advocacy Association